Form **990** 

Department of the Treasury

DLN: 93493318026778 OMB No 1545-0047

## **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

Interna	ıl Reve	nue Service			2 42.7707			Inspection			
A F	or the	e <b>2017</b> ca		ning 01-01-2017 , and ending 12-	31-2017						
		pplicable	C Name of organization UNITED WE DREAM NETWORK INC			D Employ	er identif	ication number			
	dress of me ch	change ange				46-221	6565				
	itial ret	-	Doing business as			_					
		n/terminated				E Telephor	E Telephone number				
		d return on pending	Number and street (or P O box if ma 1900 L STREET NW NO 900	Il is not delivered to street address) Room/	suite		(202) 721-0660				
	pireaci	on pending	City or town, state or province, count	ry, and ZIP or foreign postal code		- (202) /	(2-2) 2				
			WASHINGTON, DC 20036			<b>G</b> Gross re	ceipts \$ 1!	5,501,716			
			F Name and address of principal	officer	H(a) Is th	ıs a group re	turn for				
			CRISTINA JIMENEZ MORETA 1900 L STREET NW NO 900			rdinates?		□Yes 🗹 No			
			WASHINGTON, DC 20036		H(b) Are a	all subordinat ded?	tes	☐ Yes ☐No			
<b>I</b> Ta	x-exen	npt status	<b>☑</b> 501(c)(3) ☐ 501(c)( ) <b>◄</b> (ı	nsert no ) 4947(a)(1) or 527	1		list (see	instructions)			
J W	ebsit	e:▶ WW	W UNITEDWEDREAM ORG		H(c) Grou	p exemption	number	<b>&gt;</b>			
					L Year of form	nation 2011	M State	of legal domicile DC			
<b>K</b> Forr	n of or	ganization	Corporation Trust Assoc	lation ☐ Other ►	L rear or form	Iddioii 2011	I State	or legal doffliche DC			
Pa	rt I	Sumi	mary								
			cribe the organization's mission or	most significant activities LES FACED BY IMMIGRANTS AND PEO							
ce	-	IO ADDRE	33 THE INEQUITIES AND OBSTACE	LES FACED BY IMMIGRANTS AND PEO	PLE OF COLOR						
nan	-										
Governance	,	Chack the	s hav h D if the arganization disc	ontinued its operations or disposed of	imara than 250	1/2 of its not a	coote				
G G				pody (Part VI, line 1a)			3	13			
<b>≫</b> .∧	4	Number o	of independent voting members of t	the governing body (Part VI, line 1b)			4	13			
je Li	5	Total num	nber of individuals employed in cale	endar year 2017 (Part V, line 2a) .			5	40			
Activities &	6	Total num	nber of volunteers (estimate if nece	essary)			6	1,000			
Ă	7a	Total unre	7a	0							
	Ь	Net unrel	ated business taxable income from	•	7b	0					
					Pr	ior Year		15,487,185			
<u>g</u>	1		contributions and grants (Part VIII, line 1h)								
Rəvenue	1	-	service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), l		_	7,621					
ą.	1		114	890							
	1		enue (Part VIII, column (A), lines !	s, 8d, 8c, 9c, 10c, and 11e) t equal Part VIII, column (A), line 12)		3,201,	700 700	6,020 15,501,716			
			nd similar amounts paid (Part IX, co	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		27,		785,632			
	1		paid to or for members (Part IX, co				0	0			
ς.	1			efits (Part IX, column (A), lines 5–10)	)	1,074,	898	1,952,717			
nse	16a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)			0	0			
Expenses	ь	Total fundr	aısıng expenses (Part IX, column (D), lın	e 25) ▶322,081							
ū	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		1,875,	131	3,968,136			
	18	Total exp	enses Add lines 13–17 (must equa	l Part IX, column (A), line 25)		2,977,	030	6,706,485			
	19	Revenue	less expenses Subtract line 18 fro	m line 12		224,		8,795,231			
Net Assets or Fund Balances					Beginning	g of Current Y	ear	End of Year			
sset Safai	20	Total asse	ets (Part X, line 16)			2,771,	525	11,611,856			
Ž Ž	21	Total liabi	ilities (Part X, line 26)			123,	934	169,034			
žZ	22	Net asset	s or fund balances Subtract line 2	1 from line 20		2,647,	591	11,442,822			
Pa			ature Block								
				ned this return, including accompanyir Declaration of preparer (other than of							
any k	nowle	edge									
		*****	•		20	18-11-14					
Sign		Signatu	ure of officer		Da	te					
Here	•		NA A JIMENEZ MORETA EXECUTIVE DIR	ECTOR							
		17	r print name and title								
D	_1	Pi	rınt/Type preparer's name	Preparer's signature		eck 📙 ıf 📗	PTIN				
Paid		,   Fi	ırm's name ► GELMAN ROSENBERG &	<u> </u> FREEDMAN		lf-employed m's EIN ► 52	-1392008				
	pare	*¹ <u> </u>	irm's address ► 4550 MONTGOMERY AVE			one no (301)					
use	On	עי	BETHESDA, MD 208142	930		·					
Mav t	he IR	S discuss	this return with the preparer show				<b>√</b> v	es 🗆 No			
			duction Act Notice, see the sepa	<u>'</u>	Cat No	11282Y		Form <b>990</b> (2017)			

Form	990 (2017)					Page <b>2</b>
Par	t IIII Statement	of Program Service	ce Accomplis	hments		
	Check if Sched	dule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe the o	rganization's mission		·		
HUM					NIZATION COMMITTED TO ACHIE RGANIZING, CIVIC ENGAGEMEN	
2	-	, -	ant program ser	vices during the year whi	ch were not listed on	✓ Yes □ No
	the prior Form 990 or	r 990-EZ/ se new services on Sci				Yes ∟ No
3	•			changes in how it conduc	te any program	
,	-	cease conducting, or n	-	•	ics, any program	□ Yes 🗹 No
		se changes on Schedu				_ 1c31t0
4	Section 501(c)(3) and	ation's program service d 501(c)(4) organization ue, if any, for each pro	ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	ured by expenses the total
4a	(Code	) (Expenses \$	3,874,102	including grants of \$	454,904 ) (Revenue \$	7,621 )
	See Additional Data					
4b	(Code	) (Expenses \$	1,357,369	including grants of \$	237,356 ) (Revenue \$	)
	See Additional Data					
4c	(Code See Additional Data	) (Expenses \$	369,345	including grants of \$	66,372 ) (Revenue \$	)
	(Code	) (Expenses \$	278,981	including grants of \$	27,000 ) (Revenue \$	)
	THROUGHOUT THE STAT		ADERSHIP DEVELÓ		EAM (NMDT) ENGAGES IMMIGRANT YO PACITY BUILDING, CIVIC ENGAGEMEN	
4d	Other program service	ces (Describe in Sched	ule O )			
	(Expenses \$	278,981 inc	luding grants of	\$ 27,00	0)(Revenue\$	)
4e	Total program serv	rice expenses ▶	5,879,7	97		

or X as applicable

**Checklist of Required Schedules** 

1

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

9

Yes

Yes

Yes

Yes

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

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12a

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Page 4

Part IV Checklist of Required Schedules (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

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 . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

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

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

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

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

20a

21

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23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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37

Yes

Form 990 (2017)

Yes

Yes

No

20b Yes

Νo Nο

Νo Nο

Νo

Nο

orm '	990 (2017)					Page
Par	Statements Regarding Other IRS Filings and Tax Compliance					_
	Check if Schedule O contains a response or note to any line in this Part V	/ <b>.</b> .				
		ا م	ا مدد		Yes	No
		1a	116			
		1b	0			
	Did the organization comply with backup withholding rules for reportable payments to ven (gambling) winnings to prize winners?	idors and	d reportable gaming	<b>1</b> c	Yes	
	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	2a	40			
b	If at least one is reported on line 2a, did the organization file all required federal employm <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see			2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the y		· '	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No" to line 3b, provide an explanation ii</i>		ŀ	3b		
	At any time during the calendar year, did the organization have an interest in, or a signatu		ŀ			
	financial account in a foreign country (such as a bank account, securities account, or other			4a		No
b	If "Yes," enter the name of the foreign country ▶	Financia	   Accounts (FBAR)			
	, ,		, ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the	e tax yea	ar?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	helter tr	ansaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
	,			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000 solicit any contributions that were not tax deductible as charitable contributions?		d the organization	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that suc not tax deductible?	h contri	butions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	d partly	for goods and services •	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provide	ed? .	[	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for Form 8282?	which i	t was required to file	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a persor	nal bene	fit contract?	_		
_		٠.		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal b		ļ.	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organiz required?	zation fii	le Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did t	the orga	ınızatıon file a Form			
	1098-C <sup>2</sup>			7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business					
	the year?	· ·				
٥-	Did the annual and a second and			8		
	Did the sponsoring organization make any taxable distributions under section 4966?		-	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related p	person		9b		
	Section 501(c)(7) organizations. Enter	100				
	· · · · · · · · · · · · · · · · · · ·	10a 10b				
		TOB				
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	11a				
	<u>-</u>	IIa				
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	) in lieu	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
_	L.	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> S additional information the organization must report on Schedule O	See the I	nstructions for	13a		
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	13ь				
c	Enter the amount of reserves on hand	13c				
-				- 1		l Na
	Did the organization receive any payments for indoor tanning services during the tax year	?		14a		No

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Par	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	,		
Se	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
1a	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
	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			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	<del></del>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
Se	status with respect to such arrangements?	16b		
17	List the States with which a copy of this Form 990 is required to be filed▶			
-	CA , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records **KATHERINE GRIFFITH-BOSWELL 1900 L STREET NW SUITE 900 WASHINGTON, DC 20036 (202) 721-0660			<u> </u>

**✓** 

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations

organization, more than \$10,000 of reportable co List persons in the following order  individual trus	ompensation fro stees or directo	m the	organ	ıızat	ion a	and ar	ny re	elated organizations	5	
compensated employees, and former such person	No.									
(A)  Name and Title	(B) Average hours per week (list any hours	Position than of	on (do one bo oth a	(C o no ox, u in of	) t che unle: ficer rust	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
	organizations below dotted	ror related Officer  Officer  In stitutional Trustee or director  or director						l ' '		related
(1) JESUS CISNEROS CO-CHAIR				х				0	0	0
(2) DIANA VADIVIA CO-CHAIR				x				0	0	0
(3) NICOLE ODDO TREASURER				x				0	0	0
(4) JI WON STEPHANIE PARK SECRETARY				х				0	0	0
(5) LUCAS CODOGNOLLA BOARD MEMBER								0	0	0
(6) INGRID BENEDICT BOARD MEMBER								0	0	0
(7) GEEHYUN SUSSAN LEE BOARD MEMBER								0	0	0
(8) GREGORY CENDANA BOARD MEMBER								0	0	0
(9) M TERESA MABRY BOARD MEMBER								0	0	0
(10) KERON BLAIR BOARD MEMBER								0	0	0
(11) ISAAC DE LUNA NAVARRO BOARD MEMBER								0	0	0
(12) ROKSANA MUN BOARD MEMBER		х						0	0	0
(13) KARLA PEREZ BOARD MEMBER								0	0	0
(14) CRISTINA A JIMENEZ MORETA EXECUTIVE DIRECTOR				x				127,298	0	5,353
(15) LOUISE WEISSMAN OPERATIONS & HR DIRECTOR				х				89,224	0	11,657
(16) ADAM LUNA SENIOR COMMUNICATIONS ADVISOR	34 00					×		122,720	0	7,665

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated

	hours per week (list any hours for related			n of	ficer	and a		compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the		
	organizations below dotted line)		eden		Officer Institutional Trustee Individual trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total						•						
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•				•	<b>&gt;</b>		339,242	0	24,675		
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to thos				e) who	rece	eived more than \$10	00,000			

services rendered to the organization? If "Yes," complete Schedule J for such person .

Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Reportable Average

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation (C) rvices Compensation 149,863

4

5

MOBILE MESSAGING PLATFORM

COMMUNICATIONS CONSULTING

Nο

No

125,788

112,000

Form **990** (2017)

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

# R

compensation from the organization ▶ 3

**Section B. Independent Contractors** 

individual .

MOBILE COMMONS INC

BROOKLYN, NY 11201 PROGRESSIVE CITIES LLC

BROOKLYN, NY 11219

55 WASHINGTON STREET SUITE 453

6803 FORT HAMILTON PARKWAY 3R

5

(A)	(B)
Name and business address	Description of serv
RAFFA	ACCOUNTING, FINANCIAL SOFTWARE SERVICES
1899 L STREET NW SUITE 850	
WASHINGTON, DC 20036	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Part \	·/ •			a respo	onse or note to any	line in this Part VII	п			🗆
		5.1651.11		<u> </u>		<b>(A)</b> Total revenue	( <b>B)</b> Related exem functi	d or pt on	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaig	ns	1a			reven	ue		512-514
ants	Ŀ	• Membership dues		<b>1</b> b						
9 130 130		Fundraising events		1c						
ffs. ìrA	c	d Related organizatio	ns	1d						
<u>ا</u> الله	€	Government grants (co	ontributions)	1e						
Contributions, Giffs, Grants and Other Similar Amounts	f	<ul> <li>All other contributions and similar amounts n above</li> </ul>	, gıfts, grants, ot ıncluded	1f	15,487,185					
ntrib d Otl	g	Noncash contribution in lines 1a-1f \$	ons included	146	,312					
a C	h	Total.Add lines 1a-1	lf		· · •	15,487,185				
F. F.					Business					
Program Service Revenue	2a	PROGRAM FEES				900099	7,621	7,62	21	
بر و	b									
er vic	c d									
ري ح	e			_						
grai	f	All other program se	rvice revenue	<u> </u>						
<u> </u>	g-	Total.Add lines 2a-2i	f		<b>&gt;</b>	7,621				
		Investment Income (I				89	90			890
		imilar amounts). Income from investm			ond proceeds ►					
		Royalties								
			(ı) Rea	I	(II) Personal					
	6a	Gross rents								
	b	Less rental expenses				1				
	_	Rental income or				-				
	·	(loss)				Ţ				
	d	Net rental income o			<u> </u>	1				
		Gross amount from sales of assets other than inventory	(ı) Securi	ties	(II) Other					
		Less cost or other basis and sales expenses								
		Gain or (loss)  Net gain or (loss)				1				
	8a	Gross income from f (not including \$contributions reporte	undraising ev	ents of	<b></b>					
eve		See Part IV, line 18				_				
<u>ت</u> ا		Less direct expense Net income or (loss)			ents 🕨	J				
Other Revenue	9a	Gross income from g See Part IV, line 19	jaming activit	ies						
		Less direct expense Net income or (loss)		a b activit	ies					
	10a	Gross sales of invent	tory, less							
		returns and allowand		a						
		Less cost of goods s		ь.		J				
ŀ	С	Net income or (loss) Miscellaneous		invent	Business Code					
-	11:	<sup>a</sup> MISCELLANEOUS			900099	6,02	20			6,020
	b									
	c									
	d	All other revenue .								+
		<b>Total.</b> Add lines 11a			•		20			
	12	Total revenue. See	Instructions			6,02				
						15,501,7	16	7,621		0 6,910

c d

All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Form 990 (2017) Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) ◪ Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 1 Grants and other assistance to domestic organizations and 785,632 785,632 domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 74,019 5 Compensation of current officers, directors, trustees, and 221,205 27,673 119,513 key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 1,490,195 84,783 58,973 1,346,439 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 67,426 63,670 330 3,426 9 Other employee benefits . 20,156 10 Payroll taxes . . 173,891 140.298 13.437 11 Fees for services (non-employees) a Management . 19,324 15,674 2,190 1,460 **b** Legal 15,322 10,215 135,218 109,681 c Accounting d Lobbyina . e Professional fundraising services See Part IV, line 17 **f** Investment management fees . . . . . g Other (If line 11g amount exceeds 10% of line 25, column 1,654,650 1,414,080 130,729 109,841 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 300,725 261.093 25,570 14,062 13 Office expenses . 194,326 167,248 16,247 10,831 14 Information technology 15 Royalties 35,343 359 224 34.760 **16** Occupancy 1,221,589 1,146,444 64,451 10,694 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 356,490 324,696 18,975 12,819 19 Conferences, conventions, and meetings 20 Interest . . 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 10,416 8,353 1,238 825 23 Insurance . 5,743 4,606 682 455 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 25,733 a DUES AND SUBSCRIPTIONS 22,476 3.057 200 8,579 6,974 1,005 600 b GIFTS/AWARDS

6,706,485

5,879,797

504,607

322,081

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2

3

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

End of year

(A)

Beginning of year

92,485

17.742

1,254,772

68.876

4,000

18.871

33,107

532.324

123.934

123,934

567,565

2.080.026

2,647,591

2.771.525

2,771,525

859,575

1

2

3

4

5

6

7

8

9

10c

11

12

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14

15

16

17

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22 23

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33

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Page **11** 

4,549,709

1.600.702

4,609,153

5,785

23.003

74,743

748.761

169,034

169,034

1,229,242

10.213.580

11,442,822

11.611.856

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11,611,856

# Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Part II of Schedule L . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Notes and loans receivable, net . . Inventories for sale or use .

voluntary employees' beneficiary organizations (see instructions) Complete Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b

10a Land, buildings, and equipment cost or other 11 Investments—publicly traded securities .

Assets

12 13 14 Intangible assets . . . . .

Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11 . . . . . . .

15 16

**Total assets.**Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses

17

18

Grants payable . . . 19 Deferred revenue . . . .

Tax-exempt bond liabilities . . . . . . 20 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,

21 22 persons Complete Part II of Schedule L .

key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . .

23 24 25

and other liabilities not included on lines 17-24)

Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, Complete Part X of Schedule D

26

Total liabilities. Add lines 17 through 25 . .

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

complete lines 27 through 29, and lines 33 and 34.

Page **12** 

Yes

Yes

2a

2b

2c

3а

3b

No

No

Νo

No

Form 990 (2017)

Form 990 (2017)

Schedule O

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,647,591
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	

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	(

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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,442,82
B-	Figure 1 Chatemants and Bounding		

		Check if Sched	ماراد		ont	2126		cno	n-0	or n	oto	+		luna	.n. +	hic E	) - r+	VII										
Part	XII	Financial S	tat	em	ent	s a	nd	Rej	port	ting	,																	
10	Net as:	sets or fund bal	anc	es a	t er	d o	f yea	ar C	omb	oine	lıne	s 3 t	thro	ough	9 (	mus	t eq	ual	Part	: X,	line	33	, c	olun	nn (B))	10	11,4	42,822
9	Other	changes in net a	asse	ets o	or fu	nd	bala	nces	(ex	plaır	n in	Sch	edu	ıle O	)											9		0
8	Prior p	eriod adjustmer	nts																							8		
7	Invest	ment expenses																								7		
•	Domace	a services and	450							•			•										•	•				

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

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

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

#### Additional Data

Software ID:

IMMIGRANT EMPOWERMENT PROGRAMS - THE ORGANIZATION AIMS TO PROVIDE TOOLS AND RESOURCES TO SUPPORT THE DIGNITY AND FAIR TREATMENT OF IMMIGRANTS AND PEOPLE OF COLOR THE ORGANIZATION RUNS PROGRAMS TO SUPPORT, ENGAGE, AND EMPOWER THEM TO MAKE THEIR VOICE HEARD AND WIN

Software Version:

**EIN:** 46-2216565

Name: UNITED WE DREAM NETWORK INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

## Form 990, Part III, Line 4b: CAMPAIGNS - UNITED WE DREAM NETWORK CAMPAIGNS USE ORGANIZING, LEGAL, ADVOCACY, COMMUNICATIONS, AND DIGITAL STRATEGIES TO CONDUCT PUBLIC

EDUCATION CAMPAIGNS ABOUT THE IMPACT OF POLICIES THAT IMPACTS AND ENGINEER TO COMPANY AND DIGITAL STRATEGIES TO CONDUCT

TEXAS - ENGAGES IMMIGRANT YOUTH AND FAMILIES THROUGHOUT THE STATE OF TEXAS IN LEADERSHIP DEVELOPMENT FOR COMMUNITY CAPACITY BUILDING, CIVIC ENGAGEMENT, RESEARCH POLICY, CURRICULUM BUILDING AND ORGANIZING TACTICS

Form 990, Part III, Line 4c:

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493318026778
		ULE A		Public (	Charity Statu	s and Pub	olic Supp		OMB No 1545-0047
,	m 990	0 or	Con	nplete if the o	rganization is a sect 4947(a)(1) nonexe			a section	2017
990I	LZ)				► Attach to Form				
•		the Treasury	► Inf	ormation abou	it Schedule A (Form www.irs.a	990 or 990-EZ ov/form990.	) and its instru	ictions is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> DREAM NETWO						Employer identific	ation number
								46-2216565	
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.	
1 1	rganiz		•		•	J ,	,	/A\/:\	
_		•		·	sociation of churches				
2					1)(A)(ii). (Attach Sch	•	• •		
3		·	•	•	vice organization desc			•	
4		name, city,	and state _		ed in conjunction with				
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive	,			ped in <b>section 170</b>
6			•	=	governmental unit de				
7	$\checkmark$	section 17	0(b)(1)(A)	<b>(vi).</b> (Complete				init or from the genera	al public described in
8		A communi	ty trust desc	ribed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ition organiz	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	l organizations d	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A	supporting o		ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio				ted with, its
d			- ,	, ,	ons) You must com	•			
d	Ш	functionally	integrated	The organization	d. A supporting organi n generally must satis rt IV, Sections A and	fy a distribution i	requirement and		
e		Check this	box if the org	ganization receiv	ved a written determir	nation from the II		pe I, Type II, Type II	functionally
f	Enter			non-functionally d organizations	integrated supporting	organization			
g				_	ipported organization(	5)		_	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									

(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support								
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,822,586	3,757,981	3,177,041	3,160,735	15,487,185	30,405,528		
Tay revenues layed for the								

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	4,822,586	3,757,981	3,177,041	3,160,735	15,487,185	30,405,528
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,822,586	3,757,981	3,177,041	3,160,735	15,487,185	30,405,528
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,784,099
6	<b>Public support.</b> Subtract line 5 from line 4						15,621,429

3	furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 3	4,822,586	3,757,981	3,177,041	3,160,735	1	5,487,185	30,405,528
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							14,784,099
	<b>Public support.</b> Subtract line 5 from line 4							15,621,429
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	<b>(d)</b> 2016	(e)2	2017	(f)Total
7	Amounts from line 4	4,822,586	3,757,981	3,177,041	3,160,735	1	5,487,185	30,405,528
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16	25	249	114		890	1,294
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )			23,478	1,051		6,020	30,549
11	<b>Total support.</b> Add lines 7 through 10							30,437,371
12	Gross receipts from related activities.	etc (see instruction	ons)			12		472 477

	line 1 that exceeds 2% of the amount shown on line 11, column (f)							14,704,033
5	<b>Public support.</b> Subtract line 5 from line 4							15,621,429
S	ection B. Total Support							
	Calendar year	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)20	17	(f)Total
7	(or fiscal year beginning in) ► Amounts from line 4	4,822,586	3,757,981	3,177,041	3,160,735		487,185	30,405,528
8	Gross income from interest,	1,022,000	3,737,301	3,177,011	3,100,733	10,	107,103	30,103,320
	dividends, payments received on securities loans, rents, royalties and income from similar sources	16	25	249	114		890	1,294
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )			23,478	1,051		6,020	30,549
1	<b>Total support.</b> Add lines 7 through 10							30,437,371
<b>.</b> 2	Gross receipts from related activities,	etc (see instructio	ons)			12		472,477
L3	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501(c	)(3) orgar	nization,
	check this box and <b>stop here</b>						. ▶□	
S	ection C. Computation of Public							_
	Public support percentage for 2017 (lir			olumn (f))		14		51 320 %
15	Public support percentage for 2016 Sc	hedule A, Part II, I	ine 14	. , , ,		15		61 070 %
L <b>6</b> a	33 1/3% support test-2017. If the	organization did r	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, ch	eck this be	
ь	and <b>stop here.</b> The organization quali <b>33</b> 1/3% <b>support test—2016.</b> If th				and line 15 is 33 1,	/3% or mo	re, check	<b>▶</b> ✓ this
.7a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization	t <b>—2017.</b> If the org	ganization did not o	check a box on line				▶ □

13 14 15 16 17 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoonssupported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

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 Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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 <b>Part VI</b> when and how the organization made the			
	determination	3b		

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 <b>Part VI</b> when and how the organization made the	·		
	determination 3			
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 <b>Part VI</b> what controls the organization put in place to ensure such use			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
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		$\overline{}$	
	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 <b>Part VI</b> 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	$\overline{}$	
	5 th 2 th 2 th 2 th 2 th 2 th 2 th 2 th			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
	checked 12a of 12b in Part 1, 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 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 <b>Part VI</b> 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	4b		
С				
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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		

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 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 <b>Part VI.</b>	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)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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		i

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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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

	ret IV Supporting Organizations (continued)		-	age :
110	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
u	governing body of a supported organization?	11a		
h	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		
	ection B. Type I Supporting Organizations			
_	detion 5. Type 2 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
_	Carling O. Tons II Commenting Operations			
	ection 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 or trustees of		103	-140
_	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
- 5	ection 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 instruct	ions)		
	a  The organization satisfied the Activities Test Complete line 2 below	•		
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	c	ınetru	ctions)	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	mstru	ctions	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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>b</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 <b>Part VI</b> 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.	20		
	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> </ul>	3a		
	<ul> <li>b Did the organizations 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</li> </ul>	3h		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	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		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in <b>Part VI</b> ) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whole details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Fycess Distributions  Underdistributions

details in <b>Part VI</b> ) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable 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			
3 Excess distributions carryover, if any, to 2017			
а			
<b>b</b> From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
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			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

#### Additional Data

## Software ID: Software Version:

EIN: 46-2216565

Name: UNITED WE DREAM NETWORK INC

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

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493318026778 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

f the	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha corganization answered "Yes" or xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organization	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta s), then	section 501(h)) Co nder section 501(h	omplete Part II-A Do not )) Complete Part II-B D nstructions) or Form 9	com o no	plete Part II-t t complete Pa <b>Z, Part V, Iin</b>	art II-A e 35c
	me of the organization TED WE DREAM NETWORK INC			Employer id	lenti	fication nun	nber
0.11				46-2216565			
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 orga	niza	ition.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political ca	mpaign activities ir	n Part IV (see instruction	ns for	definition of	
2	Political campaign activity expend	ditures (see instructions)		•	\$		
3	Volunteer hours for political camp	,					
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under s	ection 4955	<b>&gt;</b>	\$		
2	•	ax incurred by organization managers i		•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b							
Par	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept section 501(c)(	3).		
1	· ·	led by the filing organization for sectior	•		\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	organizations for se	ection 527 exempt	\$		
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	rm 1120-POL for this year?				Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of reach organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the red to a separate p	filing organization's fur olitical organization, suc	ıds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly deliv separate proganization enter	received only and vered to a political only.
1							
2							
3							
4							
5							
<del></del> 6							

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

347,703

19,837

86,926

19,837

**(b)** 2015

292,924

37,272

73,231

10,800

(c) 2016

298,852

74,713

(d) 2017

485,324

52,133

121,331

7,851

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

1,424,803

2,137,205

109,242

356,201

534,302

38,488

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

**SCHEDULE D** 

(Form 990)

### **Supplemental Financial Statements**

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

OMB No 1545-0047

DLN: 93493318026778

terr	ial Revenue Service	Information about Schedule D (For	m 990) and its instruc	ctions is at <u>www.i</u>	rs.gov/fo	<u>rm990</u> .	nspection
Na	me of the organ	nization			Employ	er identificatio	n number
UIN.	ITED WE DREAM NET	TWORK INC			46-2216	565	
Pa	art I Organi	izations Maintaining Donor Advi	sed Funds or Other	Similar Funds o	r Accou	nts.	
	Comple	ete if the organization answered "Ye			(1-)	VF d	
	Total number at	and of year	(a) Donor adv	isea runas	(0)	Funds and othe	r accounts
,		of contributions to (during year)					
		of grants from (during year)					
	Aggregate value	` `					
;	Did the organiz	ation inform all donors and donor adviso property, subject to the organization's ex		ets held in donor ac	lvised fund	_	☐ Yes ☐ No
i		ation inform all grantees, donors, and do oses and not for the benefit of the donor ,					☐ Yes ☐ No
Pa	rt III Consei	rvation Easements. Complete if th	ne organization answe	ered "Yes" on Forr	n 990, Pa	irt IV, line 7.	
	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that a	pply)			
	Preservati	on of land for public use (e g , recreation	n or education)	Preservation of an	historicall	y important land	d area
	☐ Protection	of natural habitat		Preservation of a	certified his	storic structure	
	☐ Preservati	on of open space					
2	Complete lines	2a through 2d if the organization held a ne last day of the tax year	qualified conservation co	ontribution in the foi			- <b></b>
а		conservation easements				leld at the End	or the Year
b		estricted by conservation easements			2b		
c	_	ervation easements on a certified histori	c structure included in (a	a)	2c		
d	Number of cons	ervation easements included in (c) acqui in the National Register	,	•	2d		
1	Number of constax year ►	servation easements modified, transferre	ed, released, extinguished	d, or terminated by	the organi	zation during th	e
Ļ	Number of state	es where property subject to conservation	on easement is located <b>&gt;</b>				
;	Does the organ and enforcemen	ızatıon have a wrıtten policy regardıng th nt of the conservation easements it holds	ne periodic monitoring, ir s?	nspection, handling	of violation	ns,	□ No
,	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violatio	ns, and enforcing co	onservation	າ easements dur	ring the year
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation ease	ements during t	he year
3	Does each cons	derivation easement reported on line 2(d) $O(h)(4)(B)(II)$ ?	above satisfy the requir	ements of section 1	70(h)(4)(B	B)(ı) ☐ <b>Yes</b>	□ No
)	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organiza			nent, and	
aı	rt IIII Organi	izations Maintaining Collections ete if the organization answered "Ye	of Art, Historical Tr		er Simila	ar Assets.	
.a	If the organizat art, historical tr	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	.6 (ASC 958), not to repo public exhibition, educat	ort in its revenue sta tion, or research in f			
b	historical treasi	non elected, as permitted under SFAS 11 ures, or other similar assets held for pub nts relating to these items					
		ded on Form 990, Part VIII, line 1			•	· <b>\$</b>	
					_	· \$	
. (	•	in Form 990, Part X	eal transurae, as other a	mular accete for fire-		·	
<u>!</u>		on received or held works of art, histori nts required to be reported under SFAS :			nciai gain,	provide the	

Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Cat No 52283D

Pai	t IIII	Organizations Maintaining Col	lections of Art,	Histori	ical T	reası	ires, or	Other	Similar A	ssets (	(continued)
3		the organization's acquisition, accession (check all that apply)	n, and other records	s, check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection
а		Public exhibition		d		Loan	or excha	inge prog	rams		
b		Scholarly research		e		Othe	r				
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col XIII	lections and explain	how the	ey furtl	her the	e organız	atıon's ex	empt purpo	se in	
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							ular	□ Y	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange					_				
		Complete if the organization answ X, line 21.	vered "Yes" on Fo	rm 990	, Part	IV, li	ine 9, or	reporte	ed an amoi	unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interme	diary for	contri	bution	s or othe	r assets ı	not	□ <b>Y</b>	es 🗆 No
b	If "Y∈	es," explain the arrangement in Part XIII	and complete the f	ollowing	table		[		Δ	mount	
С	Begin	nning balance					[	1c			
d	Addıt	ions during the year					[	1d			
е	Dıstrı	butions during the year					[	1e			
f	Endın	ng balance					[	1f			
<b>2</b> a	Did th	he organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cu	ıstodıal a	ccount lia	bility?	□ Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	explanati	ion has	s been	provided	l in Part )	KIII		
Pa	rt V	Endowment Funds. Complete if		•			•				
		•	(a)Current year		rior yea			ars back			(e)Four years back
<b>1</b> a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
е		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curre	ent year end balance	e (line 1	g, colu	mn (a	)) held as	5			
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment 🕨									
С	Temp	oorarily restricted endowment 🕨									
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100%								
3а		here endowment funds not in the posses nization by	sion of the organiza	ation tha	t are h	eld an	ıd admını	stered fo	r the	_	Yes No
		nrelated organizations			•						a(i)
<b>h</b>		elated organizations								<u> </u>	a(ii) 3b
ь 4		ribe in Part XIII the intended uses of the				•				· L	30
	rt VI	Land, Buildings, and Equipmer		Willelie	iuiius						
	. V.	Complete if the organization answ		rm 990	, Part	IV, lı	ne 11a.	See For	m 990, Pa	art X, li	ne 10.
	Descri	ption of property (a) Cost or oth (investme	ner basis (b) Cos	st or other					lepreciation		(d) Book value
1a	Land										
b	Buildin	gs									
		nold improvements									
		nent				92,485			17,742		74,743
	Other								·		<u> </u>
		lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	mn (B)	, line .	10(c)) .		<b>•</b>		74,743

Schedule D (	Form 990) 2017				Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organises Form 990, Part X, line 12.	anızat	ion answ	vered "Yes" on Form 9	990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Metl Cost or end-	nod of valuation of-year market value
(1) Financial (2) Closely-l (3)Other	l derivatives	•			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lıı	ne 11c. See Form 990	), Part X, line 13.
	(a) Description of investment	<b>(b)</b> Bo	ook value		nod of valuation of-year market value
(1)					·
(2)					
(3)					_
(4)					_
(5)					_
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX	Other Assets. Complete if the organization answered 'Yes' o  (a) Description	n For	m 990, Pa	rt IV, line IId See Form	(b) Book value
(1) DEPOSIT (2) DUE FRO	S M UNITED WE DREAM ACTION, INC				43,800 704,961
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answer	ed 'Y	es' on Fo	rm 990, Part IV, line	748,761 11e or 11f.
1.	See Form 990, Part X, line 25.  (a) Description of liability			pok value	
(1) Federal II					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		$\dagger$			
	n (b) must equal Form 990, Part X, col (B) line 25 )	•			
•	or uncertain tax positions In Part XIII, provide the text of the foods 's liability for uncertain tax positions under FIN 48 (ASC 740) Ch			=	· -

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b 107.900 b 2c c

2a

2a

2b

2c

2d

4a

4b

Explanation

d 2d 2e e

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

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b** . . . . . . . .

b c

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2017

Part XI

1

2

b

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

5

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . . . .

**Supplemental Information** 

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

łc						
5					6,7	706,
lıne	4,	Part	Χ,	lıne	2,	Par

4c

5

2e

3

107,900

łc							
5					6,	706,4	8
lıne	4,	Part	Χ,	line	2,	Part	

Schedule D (Form 990) 2017

Page 4

15,609,616

107,900

15,501,716

15,501,716

6,814,385

107,900

6,706,485

Page <b>5</b>		Schedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

### Additional Data

Software Version: EIN: 46-2216565

Name: UNITED WE DREAM NETWORK INC

Software ID:

Supplemental Information
Return Reference

PART X, LINE 2

Explanation

FOR THE YEAR ENDED DECEMBER 31, 2017, UWDN HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 74 0-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND H AS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR D ISCLOSURE IN THE FINANCIAL STATEMENTS

efile GRAPHIC print - De	O NOT PROCESS	As Filed Data -					DLI	N: 934933180	26778
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.								47
Department of the Treasury Internal Revenue Service	► Infor	mation about Schedu	► Attach to Form le I (Form 990) and its		/w.irs.gov/form990.			Open to Public Inspection	
Name of the organization UNITED WE DREAM NETWORK	INC						loyer identific 2216565	ation number	
Part I General Infor	mation on Grants	and Assistance							
the selection criteria use  Describe in Part IV the o	d to award the grants rganızatıon's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States				✓ Yes	□ No
			ditional space is needed	ents. Complete if the o	rganızatıon answered "Yes	on Form 990	, Part IV, line	21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Desc noncash a	ription of assistance	(h) Purpose of or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				. •		24
For Paperwork Reduction Act No				Cat No 50055				edule I (Form 990	) 2017

Schedule I (Form 990) 2017					Page <b>2</b>			
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)		<u> </u>						
(2)								
(3)								
(4)								
(5)								
(6)		·						
(7)		1						
Part IV Supplemental Info	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Return Reference Ex	xplanation							

PART I, LINE 2

#### Additional Data

FLORIDA IMMIGRANT

MIAMI, FL 33137

2800 BISCAYNE BLVD STE 800

COALITION

#### Software ID: Software Version: **EIN:** 46-2216565 Name: UNITED WE DREAM NETWORK INC Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance

76,500

DEFEND DACA -DEFEND OUR DREAMS

DACA PROJECT GRANT

CAMPAIGN

or government			j	assistance	other)	
ALLIANCE SAN DIEGO PO BOX 12266 SAN DIEGO, CA 92112	26-1712580	501(C)(3)	125,000			

20-2123833

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ARIZONA CENTER FOR 27-2366780 501(C)(3) 26.100 DACA PROJECT GRANT

DACA PROJECT GRANT

EMPOWEREMENT				
3120 N 19TH AVE SUITE 190				
PHOENIX, AZ 85015				

63.750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

MAKE THE ROAD NEW YORK 11-3344389

301 GROVE STREET BROOKLYN, NY 11237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PROGRESSIVE TEXAS 61-1639490 501(C)(3) 49,872 DACA PROJECT GRANT TNICTITUTE

500 N IH 35 AUSTIN, TX 78702					
PROYECTO INMIGRANTE ICS INC	20-4157357	501(C)(3)	33,280		DACA PROJECT GRANT

6850 MANHATTEN BLVD SUITE 200 FORT WORTH, TX 76120

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 20-5987399 501(C)(3) 33.150 LATINO COMMUNITY FUND OF IDACA PROJECT GRANT WASHINGTON STATE

DACA PROJECT GRANT

PO BOX 30669 C/O WASHINGTON DREAM COALITION SEATTLE, WA 98103

30,600

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

KSMODA

107 W 10TH STREET KANSAS CITY, MO 64105 27-2283829

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CENTER FOR CIVIC POLICY 01-0869701 501(C)(3) 30.000 NM ORGANIZING

CENTER FOR CIVIC POLICY 01-0869701 501(C)(3) 30,000 NM ORGANIZING CAPACITY GRANT ALBEQUERQUE, NM 87125

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MILWAUKEE, WI 53202

ALBEQUERQUE, NM 87125

PUBLIC ALLIES
735 N WATER STSTE 550

ALBEQUERQUE, NM 87125

ST2-1759564

S01(C)(3)

S01

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CATHOLIC CHARITIES 59-2473176 501(C)(3) 25.500 DACA PROJECT GRANT DIOCESE

1000 PINEBROOK RD VENICE, FL 34285					
END DOMESTIC VIOLENCE ABUSE 1245 E WASHINGTON AVE	39-1380437	501(C)(3)	25,500		DACA PROJECT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 1500 MADISON, WI 53703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 73-1171950 501(C)(3) 25.500 CATHOLIC CHARITIES OF IDACA PROJECT GRANT TULSA

IDACA PROJECT GRANT

TULSA
PO BOX 580460
TULSA, OK 74158

25.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LATIN AMERICAN COALITION

4938 CENTRAL AV SUITE 101 CHARLOTTE, NC 28205 58-1945776

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CATHOLIC CHARITIES-47-3062508 501(C)(3) 25.500 DACA PROJECT GRANT INDIANAPOLIS

1400 N MERIDIAN ST INDIANAPOLIS, IN 46202 06-1357699 25.500 REGIONAL YOUTH ADULT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BRIDGEPORT, CT 06605

501(C)(3) DACA PROJECT GRANT SOCIAL 2470 FAIRFIELD AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-4458497 501(C)(3) 24.930 SCHOLARSHIPS A-Z IDACA PROJECT GRANT PO BOX 85935

TUCSON, AZ 85745

TENNESSEE IMMIGRANT & 20-0121100 501(C)(3) 63,750

REFUGER RIGHTS COALITION

DACA PROJECT GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2195 NOLENSVILLE PIKE NASHVILLE, TN 37211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 47-3120572 501(C)(3) 12.400 DREAM ACT OKLAHOMA IDACA PROJECT GRANT

PO BOX 60355 OKLAHOMA CITY, OK 73146 45-5258656 501(C)(3) 7,650 CABRINI IMMIGRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10002

DACA PROJECT GRANT SERVICES 139 HENRY ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ENFORCEMENT

POLICIES

GRASSROOTS LEADERSHIP 2301 E CESAR CHAVEZ AUSTIN, TX 78702	58-1581743	501(C)(3)	5,500		GRANT TO WORK ON ENFORCEMENT POLICIES
ACLU TEXAS	76-0343171	501(C)(3)	5,500		GRANT TO WORK ON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 8306 HOUSTON, TX 77288

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 74-1563270 501(C)(3) 5.500 GRANT TO WORK ON MEXICAN AMERICAN LEGAL DEFENSE & EDUCATIONAL ENFORCEMENT POLICIES FUND

DACA PROJECT GRANT

5,100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

634 S SPRING STREET 11TH FLOOR LOS ANGELES, CA 90014 THE RUMSON COUTRY DAY

SCHOOL 35 BELLEVUE AVE RUMSON, NJ 07760 21-0639372

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349331	8026	778
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		•	ioncasii contii	Dutions		20	17	7
		-	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	1 /	
	► Attach to Form 990.								
•	Information about Schedule M (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Open to Public Inspection								
	e of the organizat D WE DREAM NETW					Employer identif	ication n	umbe	r
	.s we sherin her h					46-2216565			
Pa	rt I Types	of Property	_						
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash con	(d) of determin tribution a		:S
1	Art—Works of art	t			_				
2	Art—Historical tr	easures .							
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods								
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope								
9	Securities—Publi	cly traded .	Х	1	146,31	2 SALES PRICE			
10	Securities—Close	ely held stock .							
11	Securities—Partr or trust interest	, , ,							
12	Securities—Misce								
	Qualified conserv contribution—Hi structures	ation storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy . Historical artifact								
	Scientific specim								
	Archeological art								
	Other ► (								
	Other • (								
	Other ► (								
28	Other ▶ (	)							
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			0
~~	Dumm - H-	al. al alia •			and the second of the second of the second			Yes	No
30a	must hold for at	least three years fro	om the date	y contribution any property in a contribution, and contribution, and contribution, and contribution, and contribution, and contribution.	and which is not required to	be used for exem	pt <b>30a</b>		l <sub>No</sub>
b	If "Yes," describ	e the arrangement II	n Part II				300		
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	v of any nonstandard contr	ıbutıons?	31		No
32a				or related organizations to s		ash	22-		1
Ь	If "Yes," describ						32a		No
	•		amount in	column (c) for a type of pro	perty for which column (a)	is checked.			
	describe in Part	·		(2) isi a 2) pe oi pio	r ,				
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schedu	le M (Form	000)	(2017)

Schedule M (Form 990) (2017)	Page <b>2</b>
Part II Supplemental Info	rmation.
Provide the informat	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part
Ι, column (b), the nι	ımber of contributions, the number of items received, or a combination of both. Also complete
this part for any add	itional information.
Return Reference	Explanation
PART I, COLUMN (B)	THIS COLUMN REFLECTS THE NUMBER OF CONTRIBUTORS
	Schedule M (Form 990) (2017)

efile GRAPH	efile GRAPHIC print - DO NOT PROCESS							
SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  Supplemental Information to Form 990 or 99  Complete to provide information for responses to specific question form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instruct www.irs.gov/form990.						ions on on.	OMB No 1545-0047  2017 Open to Public Inspection	
Membel Revenue Gervice Name of the organization UNITED WE DREAM NETWORK INC  46-2216565  990 Schedule O, Supplemental Information						fication number		
Return Reference				Explanation				
FORM 990, PART III, LINE 2	THE CAMPAIGN	S AND TEXAS PR	OGRAMS COMME	NCED IN 2017				

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation
Reference

FORM 990, ORGANIZATIONAL MEMBERS HAVE THE POWER TO COLLECTIVELY APPOINT THREE MEMBERS OF THE BOARD O PART VI, F DIRECTORS ALSO, THE NATIONAL LEADERSHIP COMMITTEE, WHICH IS ELECTED BY ORGANIZATIONAL M EMBERS, HAS THE RIGHT TO DESIGNATE THREE BOARD MEMBERS

Return Explanation
Reference

FORM 990, THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ACCOUNTING STAFF, TREASURER, LEGAL COUNSEL, AND THE EXECUTIVE DIRECTOR A COPY OF THE RETURN WAS PROVIDED TO SECTION B, O THE BOARD PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE OF THE ORGANIZATION IS UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO THE BOARD OR COMMIT TEE AS SOON AS IT IS KNOWN OR REASONABLY SHOULD BE KNOWN IN CONNECTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE F INANCIAL INTEREST OR ORGANIZATIONAL CONFLICT IN WRITING EACH CANDIDATE FOR THE BOARD MUST SUBMIT A DISCLOSURE FORM PRIOR TO THE ELECTION OF SUCH CANDIDATE AND EACH BOARD MEMBER MU ST ANNUALLY COMPLETE A DISCLOSURE FORM AND SUBMIT IT TO THE BOARD, PRIOR TO ANY VOTE OF THE E BOARD, AND UPON LEARNING OF ANY ACTUAL OR POTENTIAL CONFLICT AFTER DISCLOSURE OF THE FI NANCIAL INTEREST OR THE ORGANIZATIONAL CONFLICT, THE INTERESTED PERSON LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTE D UPON THE CHAIRPERSON OF THE BOARD OR COMMITTEE MAY, IF APPROPRIATE, APPOINTS A DISINTER ESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRAN GEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES WHETHER THE CORPORATION CAN OBTAIN, WITH REASONABLE EFFORTS, A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMEN T FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE AD VANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT P RODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF T HE DISINTERESTED MEMBERS OF THE BOARD OR COMMITTEE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST, FOR ITS OWN BENEFIT AND FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION, THE CORPORATION MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT

990 Schedule O, Supplemental Information

Return Explanation

FORM 990,	THE ORGANIZATION HIRED A CONSULTANT TO DEVELOP A PROPOSED SALARY SCALE FOR EMPLOYEES AND T
PART VI,	O RESEARCH SALARY LEVELS FOR THE EXECUTIVE DIRECTOR THESE WERE PRESENTED TO THE BOARD, WH
SECTION B,	ICH APPROVED THE SALARY SCALE AND DETERMINED THE SALARY OF THE EXECUTIVE DIRECTOR THE DEL
LINE 15A	IBERATION AND DECISION OF THE BOARD REVIEW IS DOCUMENTED IN THE MEETING MINUTES THE SALAR
	Y SCALE IS USED FOR ALL STAFF COMPENSATION THE MOST RECENT REVIEW TOOK PLACE IN APRIL 201
	7

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	UNITED WE DREAM NETWORK ("UWDN") AND UNITED WE DREAM ACTION ("UWDA") HAVE ENTERED INTO A CO ST-SHARING ARRANGEMENT WHEREBY UWDA REIMBURSES UWDN, THE COMMON PAYMASTER FOR THE TWO ORGA NIZATIONS, WHICH ISSUES THE W-2S, FOR UWDA'S ALLOCABLE SHARE OF THE COMPENSATION OF CERTAI N EMPLOYEES FOR SERVICES PROVIDED FOR UWDA THE TWO ORGANIZATIONS ARE NOT "RELATED ORGANIZ ATIONS" AS THAT TERM IS DEFINED IN THE FORM 990 GLOSSARY PURSUANT TO THEIR COST SHARING A RRANGEMENT, THE COMPENSATION ALLOCATED TO UWDA TO THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THIS RETURN IS AS FOLLOWS (PART VII REPORTS TOTAL COMPENSATION) CRISTINA A JIMEN EZ MORETA 3 HOURS PER WEEK, \$8,911 COMPENSATION, \$375 OTHER COMPENSATION LOUISE WEISSMAN 1 HOUR PER WEEK \$2,677 COMPENSATION, \$364 OTHER COMPENSATION IN ADDITION, ADAM LUNA,SENI OR COMMUNICATIONS ADVISOR, WAS PAID THE FOLLOWING AMOUNTS FOR HIS WORK FOR BOTH ORGANIZATI ONS \$122,720 COMPENSATION, \$7,665 OTHER COMPENSATION APPROXIMATELY 85% OF HIS COMPENSATI ON WAS ALLOCATED TO UWDN, AND 15% OF HIS COMPENSATION ALLOCATED TO UWDA

Return Explanation

Reference	
•	PROGRAM CONSULTANTS PROGRAM SERVICE EXPENSES 1,414,080 MANAGEMENT AND GENERAL EXPENSES 1 30,729 FUNDRAISING EXPENSES 109,841 TOTAL EXPENSES 1,654,650
LINE 11G	

Return Explanation

Reference	
FORM 990,	THE 12/31/2017 BALANCE SHEET REPORTS \$704,961 DUE FROM UNITED WE DREAM ACTION THIS RECEIVABLE HAS
PART X,	BEEN FULLY PAID OFF IN 2018

LINE 15