

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>TICKET TO DREAM FOUNDATION</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1400 ROCKY RIDGE DRIVE 280</p> City or town, state or province, country, and ZIP or foreign postal code <p>ROSEVILLE, CA 95661</p> <b>F</b> Name and address of principal officer: <b>GINA DAVIS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center">90-0355853</p> <b>E</b> Telephone number <p align="center">916-292-9550</p> <b>G</b> Gross receipts \$ <b>6,260,561.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.TICKETTODREAM.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>2008</b>		<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	8
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) .....	6
	<b>6</b> Total number of volunteers (estimate if necessary) .....	200
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 38 .....	0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	7,756,870.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	448,706.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	650.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	400,936.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	8,607,162.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		55,109.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		454,066.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		8,885,928.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-278,766.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	1,371,809.
	<b>21</b> Total liabilities (Part X, line 26) .....	10,771.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,361,038.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p align="center"><b>JOHN HAITZ, CFO</b></p> Type or print name and title	Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA A. FAITH</b>	Preparer's signature 
	Firm's name ▶ <b>BFBA, LLP</b>	Date <b>2/7/2020</b>
	Firm's address ▶ <b>83 SCRIPPS DRIVE, STE 210 SACRAMENTO, CA 95825</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00294123</b> Firm's EIN ▶ <b>68-0000424</b> Phone no. <b>916.924.0800</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,017,323. including grants of \$ 3,907,391. ) (Revenue \$ ) ESSENTIALS - THROUGH ESSENTIALS FOR FOSTER KIDS PROGRAM, THE FOUNDATION HOLDS COLLECTION DRIVES, WORKS WITH RETAILERS TO RECEIVE PRODUCTS, FUNDS BULK PURCHASES OF ESSENTIALS AND PROVIDES FUNDING FOR NON-PROFIT PARTNERS TO PURCHASE ADDITIONAL ESSENTIAL ITEMS INCLUDING: CLOTHING, SHOES, HYGIENE ITEMS, SCHOOL SUPPLIES, TOYS, BOOKS AND BASIC CHILDHOOD NEEDS. THESE ITEMS QUICKLY PROVIDE FOSTER YOUTH WITH EVERYDAY NEEDS WHILE BOOSTING SELF WORTH AND HELPING THEM FIT IN WITH PEERS. RECIPIENT ORGANIZATIONS HAVE COMPLETED AN APPLICATION, PARTNER AGREEMENT AND ACKNOWLEDGE EACH DONATION.

4b (Code: ) (Expenses \$ 521,190. including grants of \$ 465,796. ) (Revenue \$ ) GO PLAY! - THE FOUNDATION'S GOPLAY! PROGRAM BRINGS JOY AND NORMAL CHILDHOOD EXPERIENCES TO FOSTER YOUTH ACROSS THE NATION BY PROVIDING ACCESS TO EXTRA-CURRICULAR ACTIVITIES.

4c (Code: ) (Expenses \$ 938,011. including grants of \$ 865,149. ) (Revenue \$ ) TAKE FLIGHT - THROUGH THE TAKE FLIGHT PROGRAM THE FOUNDATION'S GOAL IS TO EMPOWER FOSTER YOUTH FOR THE FUTURE, PARTICULARLY PREPARING YOUTH PRIOR TO AND WHILE AGING OUT OF CARE. THE MATTRESS FIRM CHARITY GOLF CLASSIC IS AN ANNUAL FUNDRAISING EVENT THAT TAKES PLACE IN CALIFORNIA EACH FALL. PROCEEDS BENEFIT NONPROFIT ORGANIZATIONS THAT SUPPORT CURRENT AND FORMER FOSTER YOUTH THROUGHOUT THE UNITED STATES WITH PURSUING SECONDARY EDUCATION, TRANSITIONING INTO INDEPENDENT LIVING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 215,233. including grants of \$ 92,645. ) (Revenue \$ )

4e Total program service expenses 5,691,757.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b>	X
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 6		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
	If "Yes," complete Form 4720, Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain 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 **BUNKER WILSON, LLC - 916-292-9550**  
**1400 ROCKY RIDGE DRIVE, SUITE 280, ROSEVILLE, CA 95661**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE CARLSEN CEO/CHAIRMAN OF THE BOARD	10.00	X		X				0.	0.	0.
(2) MIKE WILSON BOARD MEMBER	2.00	X						0.	0.	0.
(3) LORI STEWART BOARD MEMBER	2.00	X						0.	0.	0.
(4) MAUREEN MATTHEWS BOARD MEMBER	2.00	X						0.	0.	0.
(5) TERES MUGNAINI BOARD MEMBER	2.00	X						0.	0.	0.
(6) KATHRYN CARLSEN BOARD MEMBER	4.00	X						0.	0.	0.
(7) MARY CARSON BOARD MEMBER	4.00	X						0.	0.	0.
(8) SUNNI GOODMAN BOARD MEMBER	2.00	X						0.	0.	0.
(9) MAURI KNOWLES VICE PRESIDENT	20.00			X				11,875.	0.	0.
(10) SARAH TIERNEY SECRETARY	5.00			X				0.	0.	0.
(11) JANET ANTON TREASURER	10.00			X				0.	0.	0.
(12) GINA DAVIS PRESIDENT/EXECUTIVE DIRECTOR	40.00			X				13,750.	0.	0.
(13) JOHN HAITZ CFO	10.00			X				0.	0.	0.





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	401,589.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,425,463.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		4,112,048.				
	<b>h Total.</b> Add lines 1a-1f .....		5,827,052.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		813.			813.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 401,589. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		400,371.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	163,823.			
		<b>c</b> Net income or (loss) from fundraising events .....		236,548.			236,548.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>		32,325.			
<b>b</b> Less: direct expenses .....		<b>b</b>	0.				
<b>c</b> Net income or (loss) from gaming activities .....			32,325.			32,325.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			6,096,738.	0.	0.	269,686.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,326,683.	5,326,683.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,297.	4,297.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	25,625.	11,390.	14,235.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,843.	11,043.	13,800.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,641.	2,738.	1,903.	
11 Fees for services (non-employees):				
a Management	436,778.	158,523.	278,255.	
b Legal	15,745.		15,745.	
c Accounting	18,910.		18,910.	
d Lobbying				
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 (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	24,934.	42.	24,892.	
13 Office expenses	11,660.	2,510.	9,150.	
14 Information technology				
15 Royalties				
16 Occupancy	15,066.		15,066.	
17 Travel	28,790.	10,848.	17,942.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,214.	600.	13,614.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES/OTHER</b>	108,237.	108,237.		
b <b>DRESS 2 SOAR PROGRAM</b>	66,573.	42,235.	24,338.	
c <b>OTHER EXPENSES</b>	15,037.	7,424.	7,613.	
d <b>BANK &amp; CR CD PROCESSING</b>	12,491.	4,544.	7,947.	
e All other expenses	12,922.	643.	12,279.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,167,446.	5,691,757.	475,689.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,354,657.	<b>1</b>	1,141,803.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	12,151.	<b>4</b>	16,131.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	144,843.
	<b>9</b> Prepaid expenses and deferred charges .....	1,263.	<b>9</b>	905.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,738.	<b>15</b>	3,738.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,371,809.	<b>16</b>	1,307,420.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	10,771.	<b>17</b>	17,090.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,771.	<b>26</b>	17,090.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	787,790.	<b>27</b>	1,290,330.
	<b>28</b> Temporarily restricted net assets .....	573,248.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,361,038.	<b>33</b>	1,290,330.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,371,809.	<b>34</b>	1,307,420.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,096,738.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,167,446.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-70,708.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,361,038.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,290,330.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5719496.	6459308.	11603078.	7756870.	5827052.	37365804.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5719496.	6459308.	11603078.	7756870.	5827052.	37365804.
<b>5</b> 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) .....						384,933.
<b>6 Public support.</b> Subtract line 5 from line 4.						36980871.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	5719496.	6459308.	11603078.	7756870.	5827052.	37365804.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	274.	454.	777.	650.	813.	2,968.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	135,280.	130,162.	159,326.	400,936.	268,873.	1094577.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						38463349.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,324,112.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	96.15 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	96.33 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

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

**SCHEDULE A, PUBLIC SUPPORT - 2016 AMOUNTS**

**SCHEDULE A 2016 AMOUNTS INCLUDE EIGHTEEN MONTHS BECAUSE TWO 2016 RETURNS WERE FILED DUE TO A CHANGE IN ACCOUNTING PERIOD. 2016 INCLUDES THE THREE MONTHS ENDED MARCH 31, 2016 AND THE YEAR ENDED MARCH 31, 2017. ALL OTHER YEARS ARE FOR TWELVE MONTHS.**

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>TICKET TO DREAM FOUNDATION</b>	Employer identification number  <b>90-0355853</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 139,654.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 486,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>TICKET TO DREAM FOUNDATION</b>	Employer identification number  <b>90-0355853</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>TICKET TO DREAM FOUNDATION</b>	Employer identification number  <b>90-0355853</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **TICKET TO DREAM FOUNDATION** Employer identification number **90-0355853**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	21,925,885.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	15,665,324.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	163,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	15,829,147.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,096,738.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,096,738.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	21,996,593.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	15,665,324.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	163,823.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	15,829,147.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,167,446.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,167,446.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING DIRECT EXPENSES RECLASSIFIED FROM EXPENSE	79,538.
NON-CASH PRIZE CONTRIBUTIONS TO FUNDRAISING EXPENSES	84,285.
<b>TOTAL TO SCHEDULE D, PART XI, LINE 2D</b>	<b>163,823.</b>

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING DIRECT EXPENSES RECLASSIFIED TO REVENUE	79,538.
NON-CASH PRIZE CONTRIBUTIONS TO FUNDRAISING EXPENSES	84,285.
<b>TOTAL TO SCHEDULE D, PART XII, LINE 2D</b>	<b>163,823.</b>





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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNEY (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	801,960.		801,960.
	2	Less: Contributions	401,589.		401,589.
	3	Gross income (line 1 minus line 2)	400,371.		400,371.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	92,666.		92,666.
	6	Rent/facility costs	3,674.		3,674.
	7	Food and beverages	31,810.		31,810.
	8	Entertainment	28,155.		28,155.
	9	Other direct expenses	7,518.		7,518.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			163,823.
11	Net income summary. Subtract line 10 from line 3, column (d)			236,548.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				32,325.

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**PART III, LINE 9**

**GROSS GAMING REVENUE CONSISTS SOLELY OF PROCEEDS RECEIVED FROM THE SALE OF RAFFLE TICKETS AT THE FOUNDATION'S ANNUAL RAISING GOLF TOURNAMENT.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **TICKET TO DREAM FOUNDATION** Employer identification number **90-035853**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4KIDS OF SOUTH FLORIDA 2717 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	61-1416525	501(C)(3)	5,114.	14,400.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
A COMING OF AGE 7891 MISSION GROVE PKWY #B RIVERSIDE, CA 92508	33-6424303	501(C)(3)	2,546.	5,458.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
A 'KID'S PLACE OF TAMPA BAY 1715 LITHIA PINECREST ROAD BRANDON, FL 33511	26-2757636	501(C)(3)	2,256.	23,530.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
ADOPTIVE AND FOSTER FAMILIES OF MAINE - 333 LINCOLN STREET - SACO, ME 04072	01-0515363	501(C)(3)	3,409.	12,272.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ADVOCATES FOR CHILDREN 10855 E. BETHANY DRIVE, STE 200 AURORA, CO 80014	74-2414133	501(C)(3)	5,925.	21,789.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
AGAPE VILLAGES FOSTER FAMILY 572 COMMERCE COURT MANTECA, CA 95336	68-0226944	501(C)(3)	2,570.	32,785.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **152.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING UP PO BOX 22963 SACRAMENTO, CA 95822	81-3023085	501(C)(3)	11,525.	1,520.	FMV/COST FOR NEW ITEMS	CARDS FOR GRADS AND KINGS TICKETS	FOSTER KIDS PROGRAM
ALDEA CHILDREN & FAMILY SERVICES 2310 FIRST STREET NAPA, CA 94559	94-2159248	501(C)(3)	1,729.	19,814.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ALTERNATIVE FAMILY SERVICES 401 ROLAND WAY #100 OAKLAND, CA 94621	94-2427088	501(C)(3)	5,520.	137,116.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ANGEL REACH 729 NORTH FRAZIER CONROE, TX 77301	20-5665097	501(C)(3)	43,168.	3,370.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ARIZONA HELPING HANDS 7850 EAST GELDING DRIVE #500 SCOTTSDALE, AZ 85260	86-0935988	501(C)(3)	4,139.	144,410.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ARIZONA'S CHILDREN ASSOCIATION 711 EAST MISSOURI AVE, SUITE 200 PHOENIX, AZ 85014	86-0096772	501(C)(3)	10,925.	63,628.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ARROW CHILD & FAMILY MINISTRIES 2929 FM 2920 SPRING, TX 77388	74-2622426	501(C)(3)	11,653.	15,420.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
AUSTIN ANGELS 9901 BRODIE LANE, AUIITE 160 MB 255 AUSTIN, TX 78748	27-2087142	501(C)(3)	22,833.	8,287.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
BLOOM OUR YOUTH 150 MARQUIS DRIVE FAYETTEVILLE, GA 30214	58-1740987	501(C)(3)	8,391.	14,282.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE SKIES FOR CHILDREN 2505 CEDARWOOD AVE, STE 5 BELLINGHAM, WA 98225	91-2061794	501(C)(3)	4,141.	29,896.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
BRAVE HEART, CHILDREN IN NEED, INC. - 3636 S SHERWOOD FORREST BLVD, ST 610H - BATON ROUGE, LA 70816	83-0400324	501(C)(3)	2,322.	31,028.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
BRIDGE THE GAP 907 HARNEY PO BOX 9809 VANCOUVER, WA 98660	68-0523104	501(C)(3)	7,183.	52,545.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOUNDATION OF CALIFORNIA COMMUNITIY COLLEGES - 1102 Q STREET - SACRAMENTO, CA 95811	68-0412350	501(C)(3)	0.	126,873.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
CAMP TO BELONG PO BOX 1147 VICTOR, ID 83455	94-3229145	501(C)(3)	25,000.	0.			FOSTER KIDS PROGRAM
CASA COWLITZ COUNTY 1024 BROADWAY ST. LONGVIEW, WA 98632	91-1644688	501(C)(3)	2,165.	4,230.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA FOR CHILDREN OF DC 515 M STREET SE, BLDG 74, STE 201 WASHINGTON, DC 20003	03-0472883	501(C)(3)	30,933.	3,345.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF JACKSON COUNTY 613 MARKET ST. MEDFORD, OR 97504	94-3215621	501(C)(3)	2,645.	6,459.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA FOUNDATION 4045 SOUTH BUFFALO DR, STE A160-101 LAS VEGAS, NV 89147	94-2920606	501(C)(3)	14,579.	9,790.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF ADAMS & BROOMFIELD COUNTIES - 1100 JUDICIAL CENTER DRIVE - BRIGHTON, CO 80061	31-1657019	501(C)(3)	5,073.	9,560.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF BALTIMORE COUNTY 305 W. CHESAPEAKE AVE. SUITE 117 TOWSON, MD 21204	52-2258847	501(C)(3)	5,419.	7,609.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF BALTIMORE, INC PO BOX 13004 BALTIMORE, MD 21203	52-1905072	501(C)(3)	6,096.	7,420.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF DENTON COUNTY 614 NORTH BELL AVENUE DENTON, TX 76209	75-2417472	501(C)(3)	2,406.	8,730.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF JEFFERSON & GILPIN COUNTIES - 100 JEFFERSON COUNTY PARKWAY #1536 - GOLDEN, CO 80401	84-1530736	501(C)(3)	3,978.	9,799.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF KENT COUNTY, INC. 180 OTTAWA AVE NW GRAND RAPIDS, MI 49503	20-2112557	501(C)(3)	2,202.	8,109.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF NORTHWEST ARKANSAS 3825 CAWOOD LANE SPRINGDALE, AR 72762	71-0708334	501(C)(3)	2,136.	3,150.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	34-1956268	501(C)(3)	9,221.	16,430.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA OF TARRANT COUNTY 101 SUMMIT AVE, SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	2,687.	15,059.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA PLACER 3715 ATHERTON ROAD, SUITE 1 ROCKLIN, CA 95765	77-0620948	501(C)(3)	4,000.	5,775.			FOSTER KIDS PROGRAM
CASA SOLANO 600 UNION AVE, #204 FAIRFIELD, CA 94533	20-2551209	501(C)(3)	2,234.	30,482.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CASA STANISLAUS P.O. BOX 3488 MODESTO, CA 95353	91-2168629	501(C)(3)	2,222.	25,803.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CEDARS HOME FOR CHILDREN FOUNDATION - 6601 PIONEERS BLVD, SUITE 2 - LINCOLN, NE 68506	47-6024881	501(C)(3)	2,195.	5,890.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILD ADVOCATES DENVER CASA 1420 OGDEN STREET, SUITE A1 DENVER, CO 80218	84-1300565	501(C)(3)	4,201.	11,180.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILD ADVOCATES OF SILICON VA 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	3,229.	50,822.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILD ADVOCATES SAN ANTONIO 406 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-2494625	501(C)(3)	9,015.	800.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILD ADVOCATES 3701 KIRBY DR. STE 400 HOUSTON, TX 77098	76-0111345	501(C)(3)	15,627.	16,660.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S BUREAU, INC. 575 DR MLK JR ST INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	2,448.	4,960.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S FUND 348 W. HOSPITALITY LANE, SUITE 110 SAN BERNADINO, CA 92408	33-0193286	501(C)(3)	4,033.	18,835.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S HOME SOCIETY OF FLORIDA TOTAL - 482 SOUTH KELLER ROAD - ORLANDO, FL 32810	59-0192430	501(C)(3)	28,397.	117,950.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA TOTAL - 604 MEADOW STREET - GREENSBORO, NC 27405	56-0529946	501(C)(3)	4,328.	24,886.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S HOPE ALLIANCE TOTAL PO BOX 1 BARIUM SPRINGS, NC 28010	38-3672492	501(C)(3)	12,277.	99,288.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S HOSPITAL WISCONSIN 620 SOUTH 76TH STREET, SUITE 120 MILWAUKEE, WI 53214	39-0812532	501(C)(3)	5,195.	6,300.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S LAW CENTER, SACRAMENTO 8950 CAL CENTER DRIVE, SUITE 245 SACRAMENTO, CA 95826	95-4252143	501(C)(3)	2,750.	60,656.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDREN'S SERVICES OF ROXBURY 520 DUDLEY STREET ROXBURY, MA 02136	04-3082352	501(C)(3)	7,709.	7,492.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHILDSERV 8765 WEST HIGGINS, SUITE 450 CHICAGO, IL 60631	36-2171716	501(C)(3)	13,243.	55,700.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CHOICES, INC. 1785 BIG HILL RD. DAYTON, OH 45439	31-1180182	501(C)(3)	2,266.	8,975.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YOUTH NOW 375 WOODSIDE AVENUE SAN FRANCISCO, CA 94127	94-1519135	501(C)(3)	4,200.	47,312.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
COMM & FAMILY SVCS FDN 209 S. ASH STREET MOSES LAKE, WA 98837	91-1976364	501(C)(3)	4,925.	31,304.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
COMPASS HEALTH THERAPEUTIC FOSTER CARE - 4526 FEDERAL AVE, BUILDING M/S 40 - EVERETT, WA 98203	91-1180810	501(C)(3)	2,169.	7,103.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CONNECTICUT ALLIANCE FOSTER & ADOPT. FAM - 2189 SILAS DEANE HIGHWAY - ROCKY HILL, CT 06067	06-1431360	501(C)(3)	8,658.	12,230.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CORNERSTONES OF CARE 300 EAST 36TH STREET KANSAS CITY, MO 64111	43-1689138	501(C)(3)	2,304.	7,245.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
COYOTE HILL CHRISTIAN CHILDREN'S HOME - 9501 WEST COYOTE HILL ROAD - HARRISBURG, MO 65256	43-1601128	501(C)(3)	2,409.	6,967.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
CSUS GUARDIAN SCHOLARS 6000 J STREET SACRAMENTO, CA 95819	95-3655288	501(C)(3)	0.	6,500.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
DEPELCHIN CHILDREN'S CENTER 4950 MEMORIAL DRIVE HOUSTON, TX 77007	76-0318867	501(C)(3)	26,316.	10,120.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
DOUGLAS COUNTY CASA 2412 ST. MARY'S AVE OMAHA, NE 68105	35-2171298	501(C)(3)	2,179.	8,635.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BAY CHLDREN'S LAW OFF 7700 EDGEWATER DRIVE, SUITE 210 OAKLAND, CA 94621	26-4504468	501(C)(3)	701.	92,770.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
EDGEWOOD CNTR FOR CHILDR&FAM 3801 THIRD STREET, SUITE 610 SAN FRANCISCO, CA 94124	94-1186168	501(C)(3)	2,185.	22,264.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
EMBRACE EASTERN WASHINGTON 418 WEST SHARP SPOKANE, WA 99201	17-0532313	501(C)(3)	2,726.	6,855.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ENNIS CENTER FOR CHILDREN 129 EAST THIRD STREET FLINT, MI 48502	38-2222428	501(C)(3)	2,162.	14,277.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
EVERY CHILD, INC. 1425 FORBES AVE, THIRD FLOOR PITTSBURGH, PA 15219	23-2914614	501(C)(3)	2,318.	6,000.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FAMILIES FOR CHILDREN 2990 LAVA RIDGE CT, # 170 ROSEVILLE, CA 95661	94-3083329	501(C)(3)	2,681.	44,967.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FAMILIES UNITED NETWORK 33 ASHLER MANOR DRIVE MUNCY, PA 17756	23-2857929	501(C)(3)	2,418.	3,350.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER & ADOPTIVE FAMILY SERVICES 4301 ROUTE 1SOUTH MONMOUTH JUNCTION, NJ 08852	22-2152414	501(C)(3)	15,820.	10,955.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER AND ADOPTIVE PARENT ASSOCIATION OF LANE COUNTY - PO BOX 71531 - EUGENE, OR 97401	93-0900054	501(C)(3)	2,248.	20,500.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTER A DREAM 628 ESCOBAR STREET MARTINEZ, CA 94553	94-6001984	501(C)(3)	6,398.	89,930.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER ANGELS OF CENTRAL TEXAS TOTAL - PO BOX 152575 - AUSTIN, TX 78715	27-1024497	501(C)(3)	11,622.	20,627.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER ARIZONA PO BOX 20787 MESA, AZ 85277	46-3920514	501(C)(3)	4,214.	20,284.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER CARE SUPPORT FOUNDATION, INC. TOTAL - MAIL: 3334 TRAILS END ROAD NE - ROSWELL, GA 30075	58-2540031	501(C)(3)	17,154.	14,730.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER FORWARD 55 SOUTH BROW STREET EAST PROVIDENCE, RI 02914	05-0486797	501(C)(3)	20,753.	7,517.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTER KIDS CHARITY, INC. TOTAL 12830 HILLCREST ROAD #111 DALLAS, TX 75230	35-2409387	501(C)(3)	2,869.	21,466.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FOSTERADOPT CONNECT TOTAL 18600 EAST 37TH TERRACE INDEPENDENCE, MO 64057	43-1895965	501(C)(3)	2,186.	20,666.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FRED FINCH YOUTH CENTER 3800 COOLIDGE AVENUE OAKLAND, CA 94602	94-0474080	501(C)(3)	10,098.	137,848.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
FRIENDS OF CASA HAWAII TOTAL 4675 KAPOLEI PARKWAY KAPOLEI, HI 96707	26-3599945	501(C)(3)	4,278.	9,170.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN STATE FAMILY SERVICES TOTAL P.O. BOX 130 KINGSBURG, CA 93631	68-0387999	501(C)(3)	2,222.	6,025.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
GROWING HOME SOUTHEAST TOTAL 440 KNOX ABBOT DRIVE CAYCE, SC 29033	20-1093091	501(C)(3)	4,066.	5,489.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
HALOS - HELPING & LENDING OUTREACH SUPPOR TOTAL - 4995 LACROSS ROAD, STE 1250 - NORTH CHARLESTON, SC 29406	20-0858549	501(C)(3)	2,280.	8,800.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
HELPING HAND HOME FOR CHILDREN TOTAL - 3804 AVENUE B - AUSTIN, TX 78751	74-1144638	501(C)(3)	2,267.	3,900.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
HEPHZIBAH CHILDREN'S ASSOCIATION TOTAL - 1144 LAKE STREET, 5TH FLOOR - OAK PARK, IL 60301	36-2167096	501(C)(3)	3,582.	21,730.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
IFOSTER 10049 MARTIS VALLEY ROAD, UNIT C TRUCKEE, CA 96161	80-0627614	501(C)(3)	202,240.	480.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMERY, SUITE 1142 SAN FRANCISCO, CA 94104	81-2600695	501(C)(3)	30,000.	0.			FOSTER KIDS PROGRAM
JONATHAN'S PLACE 6065 DUCK CREEK DRIVE GARLAND, TX 75043	75-2389331	501(C)(3)	2,187.	4,405.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KIDS CROSSING TOTAL 1440 E. FOUNTAIN BLVD COLORADO SPRINGS, CO 80910	84-1251585	501(C)(3)	9,048.	8,557.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS MATTER, INC TOTAL 1850 NORTH DR. MARTIN LUTHER KING D MILWAUKEE, WI 53212	39-1988488	501(C)(3)	7,276.	12,600.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KIDS TO LOVE FOUNDATION TOTAL 140 CASTLE DRIVE MADISON, AL 35758	20-0606367	501(C)(3)	5,280.	19,542.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KINSHIP HOUSE TOTAL 1823 NE 8TH AVE PORTLAND, OR 97212	93-1180331	501(C)(3)	2,340.	9,220.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KOINONIA FAMILY SERVICES TOTAL P.O.BOX 1403 LOOMIS, CA 95650	94-2792265	501(C)(3)	7,800.	35,908.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KOINONIA FAMILY SERVICES RENO TOTAL - 1355 AIRMOTIVE WAY - RENO, NV 89502	94-2792265	501(C)(3)	0.	35,288.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
KVC KANSAS TOTAL 21344 W 153RD STREET OLATHE, KS 66061	48-0770308	501(C)(3)	10,001.	44,800.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
LILLIPUT CHILDRENS SERVICES 8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610	94-2614102	501(C)(3)	3,671.	68,377.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
LITTLE FLOWER CHILDREN & FAMILY SERVICES - 186 JORALEMON STREET - BROOKLYN, NY 11201	11-1633572	501(C)(3)	2,538.	20,881.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
LUTHERAN SERVICES OF GEORGIA (NOW INSPIRITUS) - PO BOX 31708 - ALBANY, GA 31708	58-1535692	501(C)(3)	14,259.	100.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIN FOSTER PARENT ASSOCIATION TOTAL - 4280 REDWOOD HIGHWAY, SUITE 1B - SAN RAFAEL, CA 94903	68-0179648	501(C)(3)	3,234.	33,270.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
MONROE HARDING, INC. TOTAL 1120 GLENDALE LANE NASHVILLE, TN 37204	62-0476670	501(C)(3)	2,179.	5,159.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
MONTEREY COUNTY ASSOCIATION 411 CENTRAL AVENUE SALINAS, CA 93901	27-3526596	501(C)(3)	2,239.	57,593.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
MORRISON CHLLD & FAMILY SERVICES TOTAL - 11035 NE SANDY BLVD - PORTLAND, OR 97220	93-0354176	501(C)(3)	2,214.	25,780.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NAPA FOSTER PARENT ASSOC 1025 BANBURY COURT NAPA, CA 94558	68-0414371	501(C)(3)	2,185.	33,901.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NEW HAMPSHIRE FOSTER & ADOPT. PARENT TOTAL - PO BOX 3572 - CONCORD, NH 03302	22-3275811	501(C)(3)	2,548.	12,612.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NORTH IDAHO CASA TOTAL 816 EAST SHERMAN AVENUE, SUITE 6 COEUR D'ALENE, ID 83814	82-0458229	501(C)(3)	2,195.	5,950.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NORTH OLYMPIC FOSTER PARENT ASSOCIATION TOTAL - PO BOX 1286 - SEQUIM, WA 98382	71-0905181	501(C)(3)	3,169.	10,781.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
NORTHERN RIVERS FAMILY OF SERVICES 60 ACADEMY ROAD ALBANY, NY 12208	46-0759782	501(C)(3)	7,182.	4,780.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLIVE CREST SAN DIEGO 555 TECHNOLOGY COURT, SUITE 300 RIVERSIDE, CA 92507	95-2877102	501(C)(3)	3,631.	11,687.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OLIVE CREST WASHINGTON TOTAL 2500 - 116TH AVENUE NE BELLEVE, WA 98004	95-2877102	501(C)(3)	38,988.	45,886.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ONE MORE CHILD (FORMERLY FL BAPTIST) - 1015 SIKES BLVD - LAKELAND, FL 33815	59-0657326	501(C)(3)	0.	19,535.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OR FOSTER PARENT ASSOC PO BOX 366 SALEM, OR 97308	91-1803863	501(C)(3)	2,161.	36,830.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
OUR CHILDREN'S HOMESTEAD TOTAL 387 SHUMAN BLVD. STE. 170E NAPERVILLE, IL 60563	39-1791398	501(C)(3)	3,753.	33,770.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
PATH, INC. - IDAHO TOTAL 9167 WEST STATE STREET GARDEN CITY, ID 83714	91-2159746	501(C)(3)	3,225.	10,310.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
PRESSLEY RIDGE TOTAL 5500 CORPORATE DRIVE, SUITE 400 PITTSBURGH, PA 15237	25-0965460	501(C)(3)	8,601.	4,390.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
PRESSLEY RIDGE - DELAWARE 942 WALKER ROAD, SUITE A DOVER, DE 19904	25-0965460	501(C)(3)	2,230.	5,740.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
PROMISES2KIDS 9400 RUFFIN COURT, SUITE A SAN DIEGO, CA 92123	95-3655288	501(C)(3)	34,288.	21,195.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER OAK CENTER FOR CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2519001	501(C)(3)	7,822.	64,834.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SACRAMENTO CHILDREN'S HOME 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)(3)	2,212.	27,780.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SAN DIEGO FOSTER PARENT ASSOC 1089 EL CAJON BLVD, SUITE D EL CAJON, CA 92020	33-0925183	501(C)(3)	3,686.	25,650.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SANTA CLARA COUNTY FOSTER & ADOPTIVE PARENT ASSOCIATION - 373 W JULIAN STREET - SAN JOSE, CA 95110	77-0044714	501(C)(3)	6,233.	73,970.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SEENA MAGOWITZ FOUNDATION TOTAL 7105 EAST PARADISE DRIVE SCOTTSDALE, AZ 85254	20-4751072	501(C)(3)	55,272.	0.			PANCREATIC CANCER
SENECA FAMILY OF AGENCIES 6925 CHABOT ROAD OAKLAND, CA 94618	94-2971761	501(C)(3)	2,694.	50,048.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SIERRA COLLEGE ENRICHED SCHOLARS PROGRAM - 5100 SIERRA COLLEGE BLVD. - ROCKLIN, CA 95677	23-7241877	501(C)(3)	0.	9,040.	FMV/COST FOR TICKETS	KINGS TICKETS	FOSTER KIDS PROGRAM
SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE, SUITE 100 SACRAMENTO, CA 95826	68-0002878	501(C)(3)	2,166.	47,251.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SOUTH CAROLINA YOUTH ADVOCATE PROGRAM TOTAL - 140 STONERIDGE DRIVE, SUITE 350 - COLUMBIA, SC 29210	34-1652048	501(C)(3)	3,774.	19,878.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH ORPHANAGE TOTAL 5400 EDALBERT DRIVE CINCINNATI, OH 45239	31-0537147	501(C)(3)	25,263.	4,125.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
ST. PJ'S CHILDREN'S HOME TOTAL 919 MISSION ROAD SAN ANTONIO, TX 78210	74-1143129	501(C)(3)	3,129.	2,000.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
STRAIGHT FROM THE HEART 839 W. SAN MARCOS BLVD. SAN MARCOS, CA 92078	33-0883050	501(C)(3)	4,033.	12,050.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
SUNRISE CHILDREN'S SERVICES TOTAL 300 HOPE STREET MT. WASHINGTON, KY 40047	61-0597273	501(C)(3)	9,278.	368.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE BAIR FOUNDATION TOTAL 17 EAST CARL ALBERT MCALESTER, OK 74501	25-1191561	501(C)(3)	2,317.	11,595.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE BAIR FOUNDATION - PENNSYLVANIA 441 FIENDSHIP ROAD HARRISBURG, PA 17111	25-1840964	501(C)(3)	2,670.	9,225.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE BUCKEYE RANCH TOTAL 2440 DAWNLIGHT AVENUE COLUMBUS, OH 43211	31-0642111	501(C)(3)	3,100.	15,235.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE FELIX ORGANIZATION 43 OYSTER BAY ROAD LOCUST VALLEY, NY 11560	20-4413828	501(C)(3)	8,629.	33,033.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE FUND FOR ALEXANDRIA'S CHILD 2525 MT. VERNON AVE. ALEXANDRIA, VA 22301	54-1780375	501(C)(3)	4,341.	6,080.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JAMES PROJECT 907 CLOCKTOWER DRIVE SPRINGFIELD, IL 62704	45-2763973	501(C)(3)	2,155.	24,332.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE NEW YORK FOUNDLING 590 AVENUE OF THE AMERICAS NEW YORK, NY 10011	13-1624123	501(C)(3)	34,151.	51,175.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE UP CENTER TOTAL 150 BOUSH ST., SUITE 500 NORFOLK, VA 23510	54-0674774	501(C)(3)	7,862.	5,045.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE VILLAGES TOTAL 3833 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	2,525.	10,390.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THE WISHING WELL 16524 89TH AVE E PUYALLUP, WA 98375	45-4004786	501(C)(3)	5,416.	31,806.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
THREE RIVERS ADOPTION COUNCIL TOTAL - 307 4TH AVE, STE 310 - PITTSBURGH, PA 15210	25-1383638	501(C)(3)	2,124.	3,744.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
TOGETHER WE RISE TOTAL 580 W. LAMBERT ROAD #A BREA, CA 92821	26-3043727	501(C)(3)	45,790.	0.			FOSTER KIDS PROGRAM
TRANSITIONS CHILDREN'S SERVICES TOTAL - 1945 N. HELM AVENUE, SUITE 101 - FRESNO, CA 93727	94-2971761	501(C)(3)	2,222.	3,725.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
TREEHOUSE 2100 24TH AVE S, STE 200 SEATTLE, WA 98144	91-1425676	501(C)(3)	66,034.	69,168.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURNING POINTS FOR CHILDREN 415 S. 15TH STREET PHILADELPHIA, PA 19146	23-1352272	501(C)(3)	4,687.	5,310.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
UC DAVIS - GUARDIAN SCHOLARS 530 ALUMNI LANE DAVIS, CA 95616	94-6036494	501(C)(3)	26,250.	0.			FOSTER KIDS PROGRAM
UNITY CARE GROUP 1400 PARKMOOR AVE, SUITE 115 SAN JOSE, CA 95126	77-0323115	501(C)(3)	5,552.	154,242.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
UNIVERSITY FOUNDATION AT SAC STATE 6000 J STREET, MS 6030 SACRAMENTO, CA 95819	94-3001359	501(C)(3)	40,000.	0.			FOSTER KIDS PROGRAM
UPLIFT FAMILY SERVICES TOTAL 9343 TECH CENTER DRIVE, SUITE 200 SACRAMENTO, CA 95826	94-2295953	501(C)(3)	3,657.	66,546.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
UTAH YOUTH VILLAGE TOTAL 5800 SOUTH HIGHLAND DRIVE SALT LAKE CITY, UT 84121	87-0301014	501(C)(3)	2,755.	14,420.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
VALLEY OF MOON CHILDREN FDN P.O. BOX 11671 SANTA ROSA, CA 95406	68-0343720	501(C)(3)	3,164.	43,856.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
YOUTH & FAMILY PROGRAM 2770 PIONEER DRIVE REDDING, CA 96001	68-0027507	501(C)(3)	11,149.	26,263.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM
YOUTH ADVOCATES SERVICES TOTAL 825 GRANDVIEW AVE COLUMBUS, OH 43215	31-0943024	501(C)(3)	2,200.	4,980.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH FOR CHANGE PO BOX 1476 PARADISE, CA 95967	68-0238941	501(C)(3)	9,000.	0.			FOSTER KIDS PROGRAM
YOUTH VILLAGES TENNESSEE TOTAL 3320 BROTHER BOULEVARD MEMPHIS, TN 38133	58-1716970	501(C)(3)	4,679.	38,228.	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC.	FOSTER KIDS PROGRAM

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BOARD ANGEL GRANTS	5	4,297.	0.		

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

PART I, LINE 2:

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

ORGANIZATIONS THAT ARE REQUIRED TO MONITOR THEIR USE OF GRANT FUNDS.

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2018**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **TICKET TO DREAM FOUNDATION** Employer identification number **90-0355853**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DALE CARLSEN	DALE IS A 60% OWNER	436,778.	INDEPENDENT		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DALE CARLSEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DALE IS A 60% OWNER MEMBER OF BUNKER WILSON, LLC MANAGEMENT COMPANY

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT FOR MANAGEMENT SERVICES

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **TICKET TO DREAM FOUNDATION** Employer identification number **90-0355853**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		4,112,048.	THRIFT & COST
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION

TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS LOCATED THROUGHOUT THE UNITED STATES WITH PARTICULAR EMPHASIS ON CHARITIES RELATED TO CHILDREN IN NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION

TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGANIZATIONS LOCATED THROUGHOUT THE UNITED STATES. OUR CHARITABLE PURPOSE IS TO SUPPORT WORTHY CHARITABLE CAUSES AND CHARITIES WITH PARTICULAR EMPHASIS ON CHARITIES RELATED TO CHILDREN IN NEED.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE ORGANIZATION FORMED A FISCAL PARTNERSHIP WITH DRESS 2 S.O.A.R.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE SLEEP TRAIN PAJAMA BOWL AND THE BEDTALKS PROGRAMS WERE TERMINATED ON 4/3/2017.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOLARSHIPS-THE ORGANIZATION PROVIDES EACH OF THEIR BOARD MEMBERS THE OPPORTUNITY TO DESIGNATE A SCHOLARSHIP/GRANT TO IMPROVE THE LIVES OF FOSTER YOUTH.

**OTHER PROGRAMS**

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization TICKET TO DREAM FOUNDATION	Employer identification number 90-0355853
--	--

EXPENSES \$ 172,998. INCLUDING GRANTS OF \$ 92,645. REVENUE \$ 0.

DRESS 2 S.O.A.R. - THE FOUNDATION HAS A FISCAL SPONSORSHIP WITH DRESS 2 S.O.A.R. PROVIDING FINANCIAL AND ACCOUNTING SERVICES. THIS PROGRAM MISSION IS TO ENSURE EVERY TEEN IN THE SACRAMENTO AREA FOSTER CARE SYSTEM HAS THE CONFIDENCE, SKILLS AND SENSE OF BELONGING NEEDED TO LEAD HAPPY AND SUCCESSFUL LIVES. THE PROGRAM SUPPORTS TEENS IN FOSTER CARE AND EMANCIPATED YOUTH PREPARE FOR THE JOB INTERVIEW PROCESS AND ADULTHOOD WITH THEIR 3 P'S WORKSHOPS - PREPARE, PRESENT AND PRODUCE. ADDITIONAL INFORMATION CAN BE FOUND AT DRESS 2 S.O.A.R. WEBSITE.

EXPENSES \$ 42,235. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

LINE 2 EXPLANATION - BUSINESS RELATIONSHIPS:

SUNNI GOODMAN (BOARD MEMBER) OF TICKET TO DREAM FOUNDATION ("THE FOUNDATION") IS ALSO AN EMPLOYEE OF MATTRESS FIRM, INC., (MFRM). MFRM IS A MAJOR SUPPORTER OF THE IN-STORE COLLECTION DRIVES AND DONATED ADMINISTRATIVE RESOURCES AND SUPPORT TO THE FOUNDATION INCLUDING ADMINISTRATIVE, PUBLIC RELATIONS AND EXTERNAL COMMUNICATIONS SUPPORT. THE FOUNDATION DOES NOT REIMBURSE MFRM FOR THE ADMINISTRATIVE RESOURCES AND SUPPORT WHICH THEY PROVIDE. AS SUCH, THE RESULTING REVENUE AND RELATED EXPENSES HAVE BEEN RECOGNIZED IN THE FINANCIAL STATEMENTS FOR THESE DONATED ADMINISTRATIVE RESOURCES AND SUPPORT BUT NOT RECOGNIZED ON THE TAX RETURN, SEE ADJUSTMENT FOR DONATED SERVICES. THE FOUNDATION DOES REIMBURSE BUNKER WILSON FOR ADMINISTRATIVE SUPPORT, OFFICE SPACE AND SUPPLIES. EXPENSE IS RECORDED AS MANAGEMENT FEES. HOWEVER, MFRM AND BUNKER WILSON, LLC DO NOT HAVE CONTROL OVER THE FOUNDATION BECAUSE FIVE OUT OF THE EIGHT VOTING BOARD OF DIRECTORS ARE UNRELATED TO EITHER A BUSINESS OR FAMILY RELATIONSHIP.

Name of the organization TICKET TO DREAM FOUNDATION	Employer identification number 90-0355853
--	--

JANET ANTON, GINA DAVIS AND JOHN HAITZ, OFFICERS OF THE ORGANIZATION, ARE EMPLOYEES OF BUNKER WILSON, LLC THAT PROVIDES SERVICES TO THE FOUNDATION.

FAMILY RELATIONSHIP:

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

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - THE INITIAL REVIEW OF THE FORM 990 IS PERFORMED BY OFFICERS OF THE ORGANIZATION WITH SUBSEQUENT BOARD MEETING DISCUSSIONS. A COPY IS PROVIDED TO ALL MEMBERS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

WHEN HIRING KEY PERSONNEL, THE CFO PREPARES A COMPARABILITY ANALYSIS TO ENSURE COMPENSATION IS APPROPRIATE. SALARY AND BENEFIT REPORTS PRODUCED BY INDEPENDENT ORGANIZATIONS INVOLVED IN PHILANTHROPIC COMPANY MANAGEMENT ARE REVIEWED BY MANAGEMENT. PROPOSED COMPENSATION IS COMPARED TO INDUSTRY AVERAGES FOR THE SAME JOB DESCRIPTION AND GEOGRAPHICAL AREA AND REVIEWED AND APPROVED BY THE CEO. ONCE APPROVED BY THE BOARD, THE PROPOSED COMPENSATION BECOMES FINAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, RI, SC

Name of the organization

TICKET TO DREAM FOUNDATION

Employer identification number

90-0355853

TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAIABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE ON ORGANIZATION'S WEBSITE.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>TICKET TO DREAM FOUNDATION</b>	Employer identification number (EIN) or <b>90-0355853</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 ROCKY RIDGE DRIVE, NO. 280</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROSEVILLE, CA 95661</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**BUNKER WILSON, LLC**

- The books are in the care of ▶ **1400 ROCKY RIDGE DRIVE, SUITE 280 - ROSEVILLE, CA 95661**  
Telephone No. ▶ **916-292-9550** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **APR 1, 2018**, and ending **MAR 31, 2019**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.