DLN: 93493041015510 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 D Employer identification number B Check if applicable TICKET TO DREAM FOUNDATION □ Address change 90-0355853 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 ROCKY RIDGE DRIVE NO 280 ☐ Amended return ☐ Application pending (916) 292-9550 City or town, state or province, country, and ZIP or foreign postal code ROSEVILLE, CA $\,95661\,$ G Gross receipts \$ 6,260,561 Name and address of principal officer H(a) Is this a group return for GINA DAVIS ☐Yes **☑**No subordinates? 1400 ROCKY RIDGE DRIVE NO 280 H(b) Are all subordinates ROSEVILLE, CA 95661 ☐Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW TICKETTODREAM ORG L Year of formation 2008 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 200 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 7,756,870 5,827,052 Ravenua 448,706 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 650 813 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 400,936 268,873 8,607,162 6,096,738 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 8,431,862 5,330,980 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 55,109 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 454,066 781,357 8,885,928 6,167,446 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -278,766 -70,708 Net Assets or Fund Balances Beginning of Current Year **End of Year** 1,371,809 1,307,420 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 10,771 17,090 22 Net assets or fund balances Subtract line 21 from line 20 . 1,361,038 1,290,330 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 2020-02-07 Signature of officer Sign Here JOHN HAITZ CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00294123 Paid self-employed Firm's name BFBA LLP Firm's EIN ► 68-0000424 Preparer Use Only Firm's address ▶ 83 SCRIPPS DRIVE STE 210 Phone no (916) 924-0800 SACRAMENTO, CA 95825 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Service	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the	organization's mission		·		
SEE S	SCHEDULE O					
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	ich were not listed on	
	the prior Form 990 o	or 990-EZ?				☑ Yes ☐ No
	If "Yes," describe the	ese new services on Sci	hedule O			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	cts, any program	
	services?					🗹 Yes 🗌 No
	If "Yes," describe the	ese changes on Schedu	le O			
4	Describe the organiz	ation's program service	accomplishmer	nts for each of its three l	argest program services, as measi	ured by expenses
					grants and allocations to others,	the total
	expenses, and rever	nue, if any, for each pro	gram service re	ported		
4a	(Code) (Expenses \$	4,017,323	including grants of \$	3,907,391) (Revenue \$)
	See Additional Data					,
4b	(Code) (Expenses \$	521,190	including grants of \$	465,796) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	938,011	including grants of \$	865,149) (Revenue \$)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	215,233 inc	luding grants of	\$ 92,64	45) (Revenue \$)
4e	Total program ser	vice expenses ▶	5,691,7	57		
						Form 990 (2018)

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Par	Checklist of Required Schedules			
	- · · · · · · · · · · · · · · · · · · ·	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part !	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

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

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

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

All Form 990 filers are required to complete Schedule O

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

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

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

Yes

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No

38

1c

0

0

1a

1b

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

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

Note. See the instructions for additional information the organization must report on Schedule O

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

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

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? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	" respo	onse to	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
_Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	I
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	. Cod€	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

a The organization's CEO, Executive Director, or top management official .

policy, and financial statements available to the public during the tax year

- 15a 15b
 - Yes Yes

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b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο 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? . 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ AL, AK, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN , $\dot{\mathsf{MS}}$, $\dot{\mathsf{NH}}$, $\dot{\mathsf{NJ}}$, $\dot{\mathsf{NM}}$, $\dot{\mathsf{NY}}$, $\dot{\mathsf{NC}}$, $\dot{\mathsf{OH}}$, $\dot{\mathsf{OR}}$, $\dot{\mathsf{PA}}$, $\dot{\mathsf{RI}}$, $\dot{\mathsf{SC}}$, $\dot{\mathsf{TN}}$, $\dot{\mathsf{UT}}$, VA, WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

►BUNKER WILSON LLC 1400 ROCKY RIDGE DRIVE SUITE 280 ROSEVILLE, CA 95661 (916) 292-9550

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees

dempendation of difficulty and determined the pendation and amplity cost,
and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • 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

(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	t ch unle: ficei rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) DALE CARLSEN CEO/CHAIRMAN OF THE BOARD	10 00	X		х				0	0	C
(2) MIKE WILSON BOARD MEMBER	2 00	х						0	0	0
(3) LORI STEWART BOARD MEMBER	2 00	Х						0	0	0
(4) MAUREEN MATTHEWS BOARD MEMBER	2 00	Х						0	0	0
(5) TERES MUGNAINI BOARD MEMBER	2 00	Х						0	0	C
(6) KATHRYN CARLSEN BOARD MEMBER	4 00	Х						0	0	C
(7) MARY CARSON BOARD MEMBER	4 00	Х						0	0	C
(8) SUNNI GOODMAN BOARD MEMBER	2 00	Х						0	0	C
(9) MAURI KNOWLES VICE PRESIDENT	20 00			х				11,875	0	C
(10) SARAH TIERNEY SECRETARY	5 00			х				0	0	0
(11) JANET ANTON TREASURER	10 00			x				0	0	C
(12) GINA DAVIS PRESIDENT/EXECUTIVE DIRECTOR	40 00			x				13,750	0	C
(13) JOHN HAITZ CFO	10 00			х				0	0	C
										Form 990 (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation organization (Wany hours director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensate organizations related Institutional Trustee below dotted organizations employee line)

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section	Α		▶ _			
d Total (add lines 1h and 1c)				•	25.625	ol	0

1b Sub-Total		>		·			
c Total from continuation sheets to Pa	art VII , Section	▶[
d Total (add lines 1b and 1c)					25 625	0	0

1b Sub-Total				>			_
c Total from continuation sheets to Pa	art VII , Section	Α		•			
d Total (add lines 1b and 1c)			 _	▶□	25,625	0	0

b Sub-Total						>				
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c)						▶		25,625	0	0
Total number of individuals (including of reportable compensation from the c			e liste	ed a	bove	e) who	rece	eived more than	\$100,000	

1b 9	Sub-Total						•				
c ·	Total from continuation sheets to Pa	rt VII , Section	Α				▶ [
d.	Total (add lines 1b and 1c)			<u></u>			>		25,625	0	0
2	Total number of individuals (including of reportable compensation from the c			e liste	ed a	bove	e) who	rece	eived more than	\$100,000	

	Total number of individuals (including but not limited to those listed above) we freportable compensation from the organization $ ightharpoonup$ 0	vho received more than	\$100,000	
d To	tal (add lines 1b and 1c)	25,625	0	0
c To	tal from continuation sheets to Part VII, Section A	•		
D 51	ıb-Total	<u> </u>		

C	Total from continuation sheets to Part Ⅶ, Section A ▶			
d	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes " complete Schedule 1 for such individual			

ď	「otal (add lines 1b and 1c)	25,625	0			0
2	Total number of individuals (including but not limited to those listed above) whoof reportable compensation from the organization \blacktriangleright 0	o received more than	\$100,000			
					Yes	No
3	Did the organization list any former officer, director or trustee, key employee, line 1a? <i>If "Yes," complete Schedule J for such individual</i>	•	' '	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and organization and related organizations greater than \$150,000? If "Yes," complete the compensation and related organizations greater than \$150,000? If "Yes," complete the compensation and related organizations greater than \$150,000? If "Yes," complete the compensation and related organizations greater than \$150,000? If "Yes," complete the compensation and related organizations greater than \$150,000? If "Yes," complete the compensation and compensatio					

4

5

(B)

Description of services

CONSULTING/MGMT FEES

No

Nο

436,778

(C)

Compensation

Form 990 (2018)

c	Total from continuation sheets to Part VII, Section A	+		
	Total (add lines 1b and 1c)	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

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

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

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

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

(A)

Name and business address

5

BUNKER WILSON LLC

ROSEVILLE, CA 95661

1400 ROCKY RIDGE DRIVE SUITE 280

Section B. Independent Contractors

compensation from the organization ▶ 1

	90 (2018)								Page 9
Part									
	Check if Schedi	ule O contains a	respor	nse or note to any		(A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campai	gns	1a	L			revenue		1 312 311
unts	b Membership dues	j	1 b						
30 E	c Fundraising event	s	1c	401,589					
ffs, FA,A	d Related organizati	ions	1d						
ಪ್ರ≅	e Government grants ((contributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f All other contribution and similar amounts above		1f	5,425,463					
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribut in lines 1a - 1f \$ _			12,048					
<u>ۃ ت</u>	h Total. Add lines 1	a-1f	• •			5,827,052			
	2-			Business	Code				
167	2a 								
ı Oğ	b ————		-						
7									
ેટ જે	u								
Program Service Revenue	f All other program s								
	9Total. Add lines 2a-			<u> </u>	_		I		
	3 Investment income (similar amounts) .	(including divide		iterest, and other		813	\$		813
	4 Income from investr	nent of tax-exen	pt bo	nd proceeds 🕨	•				
	5 Royalties	() D			•				
	6a Gross rents	(ı) Real		(II) Personal	-				
	b Less rental expenses	5	_		-				
	c Rental income or				4				
	(loss)								
	d Net rental income								
	7a Gross amount from sales of assets other than inventory	(ı) Securitie	es	(II) Other					
	b Less cost or other basis and sales expenses								
	C Gain or (loss)d Net gain or (loss)		<u> </u>	•	┨				
	8a Gross income from (not including \$contributions report	fundraising ever 401,589 of ted on line 1c)	its	·					
e Ve	See Part IV, line 18 b Less direct expens		a b	400,371 163,823	_				
بر 50	c Net income or (loss		L	<u> </u>		236,548			236,548
Other Revenue	9a Gross income from See Part IV, line 19	gaming activities	_						
	b Less direct expens		a b	32,325	⊣	20.005			22.225
,	c Net income or (loss		ctivitie T	es >	_	32,325	1		32,325
1	10aGross sales of inver returns and allowar		a						
	b Less cost of goods	sold	ь						
	c Net income or (loss	•	nvento	ory ▶					
	Miscellaneou	s Revenue		Business Code	4				
	11a								
	b								
	С								
	d All other revenue		L	<u> </u>	+				
	e Total. Add lines 11			•					
	12 Total revenue. Se	e Instructions	•	• • • •		6,096,738		0	0 269,686
								· 	Form 990 (2018)

orr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 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)				
ä	a Management	436,778	158,523	278,255	
ı	Legal	15,745		15,745	
	Accounting	18,910		18,910	
	I Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	24,934	42	24,892	
	Office expenses	11,660	2,510	9,150	
	Information technology				
	Royalties				
	Occupancy	15,066		15,066	
	Travel	28,790	10,848	17,942	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,730	10,010	17,512	
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 PROGRAM EXPENSES/OTHER	108,237	108,237		
	b DRESS 2 SOAR PROGRAM	66,573	42,235	24,338	
	c OTHER EXPENSES	15,037	7,424	7,613	
	d BANK & CR CD PROCESSING	12,491	4,544	7,947	
	e All other expenses	12,922	643	12,279	
25	Total functional expenses. Add lines 1 through 24e	6,167,446	5,691,757	475,689	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

13

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17 18

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

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

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Page **11**

3.738

17.090

17.090

1.290.330

1,290,330

1,307,420

Form **990** (2018)

0

1.307.420

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14

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34

3.738

1.371.809

10,771

10.771

787.790

573,248

1,361,038

1,371,809

Check if Schedule O contains a response or note to any line in this Part IX .			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-hearing	1,354,657	1	1,141,803

1 Cash-non-interest-bearing	1,354,657	1	1,141,803
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	12,151	4	16,131
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	

	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			12,151	4	16,131
	5	Loans and other receivables from current and fo trustees, key employees, and highest compensa Part II of Schedule L	ted en	iployees Complete		5	
ssets	7	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (voluntary employees' beneficiary organizations (Part II of Schedule L	ied pe n 4958 tions c (see in	rsons (as defined under (c)(3)(B), and if section 501(c)(9) structions) Complete		6	
SS	8	Inventories for sale or use	•		8	144,843	
۷	9	Prepaid expenses and deferred charges			1,263	9	905
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10 b			10c	
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line :		12			

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>'</u>	,096,738
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	,167,446
3	Revenue less expenses Subtract line 2 from line 1	3			-70,708
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,361,038
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,290,330
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

3b

Form **990** (2018)

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

Additional Data

Software ID:

Software Version:

EIN: 90-0355853

Name: TICKET TO DREAM FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a: 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

Form 990, Part III, Line 4b: 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

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

Form 990, Part III, Line 4c:

SECONDARY EDUCATION, TRANSITIONING INTO INDEPENDENT LIVING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ including grants of \$ (Revenue \$ SCHOLARSHIPS-THE ORGANIZATION PROVIDES EACH OF THEIR BOARD MEMBERS THE OPPORTUNITY TO DESIGNATE A SCHOLARSHIP/GRANT TO

IMPROVE THE LIVES OF FOSTER YOUTH

(Code) (Expenses \$ including grants of \$ 92,645) (Revenue \$ 172.998

OTHER PROGRAMS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

IPRODUCE ADDITIONAL INFORMATION CAN BE FOUND AT DRESS 2 S O A R WEBSITE

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 42,235 including grants of \$) (Revenue \$

DRESS 2 S O A R - THE FOUNDATION HAS A FISCAL SPONSORSHIP WITH DRESS 2 S O A R PROVIDING FINANCIAL AND ACCOOUNTING 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

SCHEDULE A (Form 990 or 990EZ)				Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of th			► Go to	www.irs.gov/Form				Open to Public Inspection
lame of the ICKET TO DRE	organizat	ion ION					Employer identifi	cation number
	.			- (611	11-	1 - 1 1 > 6	90-0355853	
				us (All organization e it is (For lines 1 thro			see instructions.	
_		•		ssociation of churches	· '	, ,	(A)(i).	
2	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3 🗇 ,	A hospital o	r a cooperati	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
	A medical rename, city,		nization operat	ed in conjunction with	a hospital descr	bed in section :	170(b)(1)(A)(iii). E	Enter the hospital's
		tion operated iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170
			,	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
	section 17	D(b)(1)(A)(vi). (Complete				ınıt or from the genei	ral public described in
8 🗆 /	A communit	y trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in 170(b)(1) lee instructions Enter				lege or university or a
	from activit investment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
				d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a 🗆 ,	Type I. A s organization	upporting org	ganızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
ь 🗆 .	Type II. A managemer	supporting o	rganızatıon sup	pervised or controlled i ation vested in the sar				
				supporting organizatio				ated with, its
d 🗆 i	Type III nofunctionally	on-function integrated	ally integrate The organization	d. A supporting organi n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗆 (Check this b	oox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
	-		on-functionally organizations	integrated supporting	organization			
g Provide	the follow	ng informatio	on about the s	upported organization(s)		_	
(i) Name of supported (ii) EIN organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		
otal								
	ork Reduct	ion Act Not	ice, see the I	nstructions for	Cat No 11285	F :	Schedule A (Form 9	990 or 990-EZ) 201

Sch	nedule A (Form 990 or 990-EZ) 2018						Page 2
	art II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						y under Part
	III. If the organization fa	ails to qualify und	der the tests list	ed below, please	e 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
1	Gifts, grants, contributions, and						_
	membership fees received (Do not	5,719,496	6,459,308	11,603,078	7,756,870	5,827,052	37,365,804
2	include any "unusual grant ") Tax revenues levied for the						
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,719,496	6,459,308	11,603,078	7,756,870	5,827,052	37,365,804
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						384,933
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						36,980,871
	from line 4						30,300,071
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7		5,719,496	6,459,308	11,603,078	7,756,870	5,827,052	37,365,804
8	Gross income from interest,						
	dividends, payments received on	274	454	777	650	813	2,968
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	135,280	130,162	159,326	400,936	268,873	1,094,577
	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
11							38,463,349
12	10 Gross receipts from related activities,	etc (see instructio				12	1,324,112
	First five years. If the Form 990 is for	•	•	rd fourth or fifth	tay waar as a sost		
13							mzation,
_	check this box and stop here Section C. Computation of Public						
	Public support percentage for 2018 (III			olumn (f))			06.150.0/
	Public support percentage for 2017 Sc			Diditiii (1))		14	96 150 %
	a 33 1/3% support test—2018. If the			n line 13 and line	14 is 33 1/2% or	more sheek this h	96 330 %
TP					17 13 33 1/3 /0 01	more, check this b	~ ► ☑
ı	and stop here. The organization qual 33 1/3% support test—2017. If the		• •		nd line 15 is 33 1/	3% or more, check	this
17	box and stop here. The organization a 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2018. If the org	anization did not o	theck a box on line s" test, check this	box and stop her	e. Explain	▶□
	organization	and races-and-circ	amatances test	ine organization q	adimes as a public	ay supported	►□
ŀ	10%-facts-and-circumstances tes 15 is 10% or more, and if the organic Explain in Part VI how the organization	zation meets the "fa	acts-and-circumsta	ances" test, check	this box and stop	here.	
18	supported organization Private foundation. If the organizati			_	·		▶□
	instructions						▶□

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

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

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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A	Chedule A (Form 990 or 990-EZ) 2018 Page 8						
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, les 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See					
		Facts And Circumstances Test					
990 Sche	dule A, Supplemen	tal Information					
Ret	turn Reference	Explanation					
SCHEDULE 2016 AMOU	A, PUBLIC SUPPORT - JNTS	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 TH					

E YEAR ENDED MARCH 31, 2017 ALL OTHER YEARS ARE FOR TWELVE MONTHS

SCHEDULE D

(Form 990)

Department of the Treasury

Name of the organization

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 for the latest information.

DLN: 93493041015510 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

TIC	KET TO DREAM FOUNDATION				90-035585	3	
Pa	rt I Organizations Maintaining Donor Advi						
	Complete if the organization answered "Ye						
	Takal manahan ah and afaran	(a) Dono	r advis	ed funds	(b) Fu	nds and other acco	ounts
1	Total number at end of year						
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)						
3 4	Aggregate value at end of year						
	,	ra in iliritina that th		te bold in donor ad	lucad funda a	th.	
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ts neid in donor ad	vised runds a		es 🗆 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					permissible	es 🗆 No
Pa	t II Conservation Easements. Complete if the	e organization a	nswer	ed "Yes" on Forn	n 990. Part		es 🗀 NO
1	Purpose(s) of conservation easements held by the organ					217	
	Preservation of land for public use (e.g., recreation	•		Preservation of an	historically in	mportant land area	a
	Protection of natural habitat		\Box	Preservation of a c	•	•	-
	Preservation of open space			rreservation or a c	ertifica mistor	ne structure	
_	· ·				6		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion cor	itribution in the for		rvation d at the End of th	he Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic	structure include	d ın (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and no	t on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished,	or terminated by	the organızat	ion during the	
4	Number of states where property subject to conservation	n easement is loca	ted ▶				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor	_	spection, handling o	of violations,	П., Г	٦
6	Staff and volunteer hours devoted to monitoring, inspec		olation	s, and enforcing co	onservation ea	∠ Yes ∟ asements during t	J No he year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ns, an	d enforcing conserv	vation easem	ents during the ye	ar
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the	require	ments of section 1	70(h)(4)(B)(i) □ Y es □] No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	janızat	ion's financial state	ements that d	escribes	
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990,	Part I	V, line 8.			
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducation	on, or research in f			ks of
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items						
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	i)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ncial gain, pro	ovide the	
а	Revenue included on Form 990, Part VIII, line 1	,,	J -5		▶ \$		
ь	Assets included in Form 990, Part X				▶ \$		
	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No		chedule D (Form	990) 20

Par	t III	Organizations Mai	ntaining Col	lections c	of Art, F	listori	cal Tr	eası	ıres, or	Other	Similar A	ssets (continued)	
3		g the organization's acquis s (check all that apply)	sition, accessior	n, and other	records,	check	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition				d		Loan	or excha	inge prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future g	generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		ng the year, did the organ ts to be sold to raise funds									ular	□ Y €	es 🗆 No	
Pa	rt IV	Escrow and Custoo Complete if the orga X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on	Form 990, Part	
1a		e organization an agent, t ded on Form 990, Part X?		an or other	ıntermed	lary for	contril	oution	s or othe	r assets i	not	☐ Y	es 🗌 No	
b	If "Y	es," explain the arrangem	nent in Part XIII	and comple	ete the fo	llowing	table		ſ			Amount		
c	Begır	nning balance							Ī	1c				
d	Addıt	tions during the year							[1d				
е	Dıstr	ibutions during the year							[1e				
f	Endır	ng balance								1f				
2a	Did t	he organization include ar	n amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	stodial a	ccount lia	bility?	. 🗆 Y	es 🗌 No	
b	If "Ye	es," explain the arrangem	ent ın Part XIII	Check here	e if the ex	xplanatı	on has	been	provided	l in Part)	KIII	. 🗆		
Pa	rt V	Endowment Funds	. Complete ıf	the organ	ızatıon a	answer	ed "Ye							
				(a)Currer	nt year	(b) P	rıor yeaı	_	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four years back	-
	-	ning of year balance .						_						-
		butions						_						-
		vestment earnings, gains,												_
d	Grants	s or scholarships	•					_						_
е		expenditures for facilities rograms												_
f	Admın	istrative expenses												_
g	End of	f year balance												_
2		ide the estimated percenta		nt year end	l balance	(line 1	g, colur	nn (a)) held as	5				
а	Boar	d designated or quasi-end	lowment 🟲											
b	Perm	nanent endowment 🟲												
c	Temp	porarily restricted endown	nent 🟲											
	The p	percentages on lines 2a, 2	2b, and 2c shou	ld equal 100	0%									
3а		:here endowment funds no nızatıon by	ot in the posses	sion of the	organızat	on that	t are he	eld an	d admini	stered fo	r the		Yes No	
	(i) u	nrelated organizations .					•					⊢	a(i)	
b		related organizations . es" on 3a(ii), are the relat		 s listed as r	equired o	 on Sche	 dule R	· .	• •				a(ii) 3b	
4	Desc	ribe in Part XIII the intend	ded uses of the	organızatıo	n's endov	wment f	funds							
Pa	rt VI						_							
	Dess	Complete If the orga	nization answ (a) Cost or oth		" on For (b) Cost						rm 990, Pa lepreciation		ne 10. (d) Book value	_
	Descr	iption of property	(investme		(B) Cost	or other	Dasis (C	iciei)	(C) Acci	amulated d	ергестацоп		(u) book value	
1a	Land													
b	Buildir	ngs												
c	Leasel	hold improvements												_
d	Equipr	ment												
е	Other													
Tota	I. Add	lines 1a through 1e (Colu	ımn (d) must ed	jual Form 9	90. Part	X colur	mn (B)	line	10(c)) -		>			n

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal (Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) Fotal. (Column Part X 1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value

Page 4

21,925,885

6.167.446

Schedule D (Form 990) 2018

d 2d 163.823 2e e 3 3

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Supplemental Information

Schedule D (Form 990) 2018

Part XI

1

4

b

5

Part XIII

15,829,147 6,096,738 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Other (Describe in Part XIII) Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5

n 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. 1 21,996,593

2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2a 15,665,324

2b 2c c 2d Other (Describe in Part XIII) 163,823 d

Add lines 2a through 2d . . 15,829,147 2e 3 3 6,167,446

4a

4b

4c

5

Return Reference Explanation See Additional Data Table

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

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 90-0355853

Name: TICKET TO DREAM FOUNDATION

Cupplemental	Information	

Supplemental Information

PART XI, LINE 2D - OTHER

ADJUSTMENTS

Return Reference

FUNDRAISING EXPENSES 84,285

FUNDRAISING DIRECT EXPENSES RECLASSED FROM EXPENSE 79,538 NON-CASH PRIZE CONTRIBUTIONS TO

Explanation

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING DIRECT EXPENSES RECLASSED TO REVENUE 79,538 NON-CASH PRIZE CONTRIBUTIONS TO FUNDRAISING EXPENSES 84,285

SCHEDULE G
(Form 990 or 990-EZ)

As Filed Data
Supplemental Info

Department of the Treasury

Internal Revenue Service

licensing

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2018

DLN: 93493041015510OMB No 1545-0047

Open to Public Inspection

	ne of the organization KET TO DREAM FOUNDATION						Employer ide	entification number
IICh	RET TO DREAM FOUNDATION						90-0355853	
Pa	Fundraising Activi	•	_		answered "Yes" on Fo	orm 990,	Part IV, line :	17.
1	Indicate whether the organiza	ition raised funds th	rough an	y of the f	ollowing activities Check	all that a	pply	
а	Mail solicitations			e	Solicitation of nor	n-governm	ent grants	
b	☐ Internet and email solicita	tions		f	Solicitation of gov	ernment o	grants	
c	Phone solicitations			g	Special fundraisin	g events		
d	☐ In-person solicitations							
2a b	Did the organization have a workey employees listed in For If "Yes," list the ten highest p to be compensated at least \$5	m 990, Part VII) or aid individuals or er	entity in ntities (fu	connection	on with professional fund	raising sei	rvices?	es No ser is
1 (i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) siser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Tota	al		1	•				

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

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmembers	7		☐ Yes	✓ No
12	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes	_
13	Indicate the percentage of gaming act	ıvıty conducted ın				
а	The organization's facility			13a		%
b	An outside facility			13b		100 000 %
14	Enter the name and address of the pe	rson who prepares the organ	nization's gaming/special events books and re	cords		
	Name •					
	Address •					
	Does the organization have a contract revenue?	. ,			Yes	☑ No
Ь	If "Yes," enter the amount of gaming i amount of gaming revenue retained b		anization ▶ \$ and th	e		
c	If "Yes," enter name and address of the	e third party				
	Name >					
	Address ▶					
16	Gaming manager information					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17 a	Mandatory distributions Is the organization required under state retain the state gaming license?	te law to make charitable dis	stributions from the gaming proceeds to		□Yes	✓ No
b	Enter the amount of distributions required in the organization's own exempt active		ted to other exempt organizations or spent		<u> П</u> 163	E No
Pai	t IV Supplemental Information	on. Provide the explanat	ons required by Part I, line 2b, columns icable. Also provide any additional infor			
	Return Reference		Explanation			
PART	III, LINE 9		CONSISTS SOLEY OF PROCEEDS RECEIVED ION'S ANNUAL RAISING GOLF TOURNAMENT		HE SALE O	F RAFFLE

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493041015510 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. **Open to Public** ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number TICKET TO DREAM FOUNDATION 90-0355853 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 152 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

TICKET TO DREAM FOUNDATION DONATES ONLY TO OTHER SECTION 501(C)(3) ORGANIZATIONS THAT ARE REQUIRED TO MONITOR THEIR USE OF GRANT FUNDS

Schedule I (Form 990) 2018

PART I, LINE 2

Additional Data

2717 WEST CYPRESS CREEK

FORT LAUDERDALE, FL 33309

7891 MISSION GROVE PKWY B

A COMING OF AGE

RIVERSIDE, CA 92508

ROAD

Software ID: Software Version: EIN: Name:

33-6424303

EIN: 90-0355853

Form 990 Schedule T. Part TI. Grants and Other Assistance to Domestic Organizations and Domestic Governments

501(C)(3)

Name: TICKET TO DREAM FOUNDATION

roilli 990,3cheuule 1, Part	of in 990, Schedule 1, Fart 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(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			
4KIDS OF SOUTH FLORIDA	61-1416525	501(C)(3)	5,114	14,400	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM			

2,546

ITEMS

ITEMS

5,458 FMV/COST FOR NEW

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-2757636 501(C)(3) 2.256 ICLOTHING, SHOES, ETC. A'KID'S PLACE OF TAMPA BAY 23.530 FMV/COST FOR NEW IFOSTER KIDS PROGRAM ITEMS

A RID S PLACE OF TAMPA BAY 20-2/3/636 501(C)(3) 2,236 23,330 FMV/COST FOR NEW ITEMS

1715 LITHIA PINECREST ROAD BRANDON, FL 33511

ADOPTIVE AND FOSTER 01-0515363 501(C)(3) 3,409 12,272 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

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

FAMILIES OF MAINE

333 LINCOLN STREET SACO, ME 04072

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2414133 501(C)(3) 5.925 ICLOTHING, SHOES, ETC. ADVOCATES FOR CHILDREN 21.789 FMV/COST FOR NEW FOSTER KIDS PROGRAM ITEMS

10855 E BETHANY DRIVE STE 200 AURORA.CO 80014 68-0226944 501(C)(3) 2.570 ICLOTHING, SHOES, ETC. 32.785 FMV/COST FOR NEW IFOSTER KIDS PROGRAM

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

AGAPE VILLAGES FOSTER FAMILY 572 COMMERCE COURT

MANTECA, CA 95336

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance AGING UP 81-3023085 501(C)(3) 11.525 CARDS FOR GRADS AND KINGS FOSTER KIDS PROGRAM 1.520 FMV/COST FOR NEW TICKETS ITEMS

PO BOX 22963 SACRAMENTO, CA 95822 ALDEA CHILDREN & FAMILY 94-2159248 CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

501(C)(3) 1.729 19.814 FMV/COST FOR NEW SERVICES ITEMS 2310 FIRST STREET

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

NAPA, CA 94559

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ALTEDNIATIVE EAMILY 04-2427088 E01/C1/31 E E201 127 116 EMV/COST EOD NEW ICLOTHING SHOES ETC. FOSTER KIDS PROGRAM

SERVICES 401 ROLAND WAY 100 OAKLAND, CA 94621	94-2427000	301(0)(3)	3,320	137,110	ITEMS	etoming, shoes, ere	TOSTER RIDS PROGRAM
ANGEL REACH	20-5665097	501(C)(3)	43,168	3,370	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

ANGEL REACH
729 NORTH FRAZIER

CONROE, TX 77301

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 86-0935988 501(C)(3) 4,139 144,410 FMV/COST FOR NEW ICLOTHING, SHOES, ETC ARIZONA HELPING HANDS IFOSTER KIDS PROGRAM

7850 EAST GELDING DRIVE 500 SCOTTSDALE, AZ 85260				ITEMS		
ARIZONA'S CHILDREN	86-0096772	501(C)(3)	10,925	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

711 EAST MISSOURI AVE SUITE 200

PHOENIX, AZ 85014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance ADDOM/CHILD & EAMILY 74-2622426 E01/C1/31 11 652 15 420 EMV/COST EOD NEW LCLOTHING SHOES ETC. FOSTER KIDS PROGRAM

MINISTRIES 2929 FM 2920 SPRING, TX 77388	74-2022420	301(0)(3)	11,033	13,420	ITEMS	ecomino, snoes, ere	POSTER RIDS PROGRAM
AUSTIN ANGELS	27-2087142	501(C)(3)	22,833	8,287	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

9901 BRODIE LANE AUITE 160

MB 255

AUSTIN, TX 78748

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

29,896 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

BLOOM OUR YOUTH	58-1740987	501(C)(3)	8,391	14,282	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
150 MARQUIS DRIVE					ITEMS		
FAVETTEVILLE GA 30214							

4.141

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

501(C)(3)

BLUE SKIES FOR CHILDREN

BELLINGHAM, WA 98225

2505 CEDARWOOD AVE STE 5

(b) EIN (c) IRC section (f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E04/63/33 2 222

(e) Amount of non-

24 A20 ENVICACE FOR NEW

52,545 FMV/COST FOR NEW

ITEMS

(a) Description of

FOSTER KIDS PROGRAM

BRAVE HEART CHILDREN IN	83-0400324	[501(C)(3)[2,322	31,028	JEMV/COST FOR NEW	CLOTHING, SHOES, ETC	IFOSTER KIDS PROGRA
NEED INC					ITEMS		
3636 S SHERWOOD FORREST							
BLVD ST							
610H							
BATON ROUGE, LA 70816							

7.183

CLOTHING, SHOES, ETC

(d) Amount of cash

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

501(C)(3)

(a) Name and address of

BRIDGE THE GAP

907 HARNEY PO BOX 9809

VANCOUVER, WA 98660

03 0400334

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

IFOSTER KIDS PROGRAM

FOUNDATION OF CALIFORNIA	68-0412350	501(C)(3)	126,873 FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KID
COMMUNTIY COLLEGES			ITEMS		
1102 Q STREET					
SACRAMENTO, CA 95811					

25.000

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

501(C)(3)

CAMP TO BELONG

PO BOX 1147 VICTOR, ID 83455

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-1644688 501(C)(3) 2.165 4.230 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. CASA COWLITZ COUNTY FOSTER KIDS PROGRAM

1024 BROADWAY ST LONGVIEW, WA 98632		, , , ,	·	,	ITEMS		
CASA FOR CHILDREN OF DC 515 M STREET SE BLDG 74	03-0472883	501(C)(3)	30,933	· ·	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

STE 201

WASHINGTON, DC 20003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-3215621 501(C)(3) 2.645 ICLOTHING, SHOES, ETC. CASA OF JACKSON COUNTY 6.459 FMV/COST FOR NEW IFOSTER KIDS PROGRAM 613 MARKET ST ITEMS MEDFORD, OR 97504

9.790 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

14.579

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

501(C)(3)

CASA FOUNDATION

LAS VEGAS, NV 89147

A160-101

4045 SOUTH BUFFALO DR STE

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

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

7.609 FMV/COST FOR NEW

ITEMS

CASA OF ADAMS &	31-1657019	501(C)(3)	5,073	9,560	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROG
BROOMFIELD COUNTIES					ITEMS		
1100 JUDICIAL CENTER DRIVE							
BRIGHTON, CO 80061							

5,419

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

501(C)(3)

CASA OF BALTIMORE COUNTY

305 W CHESAPEAKE AVE

TOWSON, MD 21204

SUITE 117

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

8.730 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

CASA OF BALTIMORE INC PO BOX 13004	52-1905072	501(C)(3)	6,096	,	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

2.406

BALTIMORE, MD 21203

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

501(C)(3)

CASA OF DENTON COUNTY

614 NORTH BELL AVENUE

DENTON, TX 76209

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

CASA OF JEFFERSON & GILPIN	84-1530736	501(C)(3)	3,978	9,799	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGR
COUNTIES					ITEMS		
100 JEFFERSON COUNTY							
PARKWAY 1536							
GOLDEN, CO 80401							

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

180 OTTAWA AVE NW

GRAND RAPIDS, MI 49503

501(C)(3) 8,109 FMV/COST FOR NEW CLOTHING, SHOES, ETC CASA OF KENT COUNTY INC. 20-2112557 2.202 FOSTER KIDS PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 71-0708334 501(C)(3) 2.136 3,150 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. CASA OF NORTHWEST IFOSTER KIDS PROGRAM

16.430 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC.

LEOSTER KIDS PROGRAM

ARKANSAS ITEMS 3825 CAWOOD LANE SPRINGDALE, AR 72762

CASA OF SUMMIT COUNTY

650 DAN STREET

AKRON, OH 44310

34-1956268

501(C)(3) 9.221

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CACA OF TARRANT COUNTY 7E 100E413 E01(C)(2) 2 607 15 OFO EMV/COCT FOR NEW ICLOTUTNIC SUCCES ETC. FOSTER KIDS PROGRAM

101 SUMMIT AVE SUITE 505 FORT WORTH, TX 76102	75-1695412	301(C)(3)	2,007	,	ITEMS	ecommo, snoes, ere	FOSTER RIDS PROGRAM
CASA PLACER	77-0620948	501(C)(3)	4,000	5,775			FOSTER KIDS PROGRAM

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

3715 ATHERTON ROAD SUITE

ROCKLIN, CA 95765

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

25,803 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

CASA SOLANO 600 UNION AVE 204	20-2551209	501(C)(3)	2,234	30,482	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
600 UNION AVE 204							

2.222

FAIRFIELD, CA 94533

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

501(C)(3)

CASA STANISLAUS

MODESTO, CA 95353

PO BOX 3488

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CEDARC HOME FOR CUILDREN 47 6004001 E01/C1/21 3 10E E COOLEMATICOCT FOR NEW LCI OTUTNIC CHOICE ETC. FOCTED MIDC DDOCDAM

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

DENVER, CO 80218

FOUNDATION 6601 PIONEERS BLVD SUITE 2 LINCOLN, NE 68506	47-8024881	501(C)(3)	2,195	•	ITEMS	CLOTHING, SHOLS, LTC	FOSTER KIDS PROGRAM
CHILD ADVOCATES DENVER CASA 1420 OGDEN STREET SUITE	84-1300565	501(C)(3)	4,201	11,180	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

800 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

CHILD ADVOCATES OF	77-0250773	501(C)(3)	3,229	50,822	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
SILICON VA					ITEMS		
509 VALLEY WAY							
MILPITAS, CA 95035							

9.015

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

501(C)(3)

CHILD ADVOCATES SAN

406 SAN PEDRO AVENUE SAN ANTONIO, TX 78212

ANTONIO

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

CHILD ADVOCATES 3701 KIRBY DR STE 400	76-0111345	501(C)(3)	15,627	,	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
LIGHTON TV 77000						I .	

3701 KIRBY DR STE 400
HOUSTON, TX 77098

CHILDREN'S BUREAU INC 35-1061264 501(C)(3) 2,448 4,960 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

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

575 DR MLK JR ST

INDIANAPOLIS, IN 46202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance CHILDDENIC ELIND 22-0102286 E01/C1/31 4 022 19 935 EMV//COST EOD NEW LCLOTHING SHOES ETC. LEGSTER KIDS PROGRAM

348 W HOSPITALITY LANE SUITE 110 SAN BERNADINO, CA 92408	33-0193286	501(0)(3)	4,033		ITEMS	CLOTTING, SHOLS, LTC	FOSTER KIDS PROGRAM
CHILDREN'S HOME SOCIETY	59-0192430	501(C)(3)	28,397	117,950	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

OF FLORIDA TOTAL

482 SOUTH KELLER ROAD ORLANDO, FL 32810

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CHILDREN'S HOME SOCIETY 56-0529946 501(C)(3) 4.328 24.886 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM

OF NORTH CAROLINA TOTAL 604 MEADOW STREET GREENSBORO, NC 27405		,,,,	,	,	ITEMS		
CHILDREN'S HOPE ALLIANCE	38-3672492	501(C)(3)	12,277	99,288	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

TOTAL

PO BOX 1

BARIUM SPRINGS, NC 28010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 39-0812532 501(C)(3) 5,195 6.300 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM CHILDREN'S HOSPITAL

WISCONSIN 620 SOUTH 76TH STREET SUITE 120 MILWAUKEE, WI 53214				TIEMS		
CHILDREN'S LAW CENTER	95-4252143	501(C)(3)	2,750	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

8950 CAL CENTER DRIVE

SACRAMENTO, CA 95826

SUITE 245

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance CHILDDENIC CEDVICES OF 04 2002252 E01(C)(2) 7 700 7 403 EMV//COCT FOR NEW LCLOTHING CHOICE ETC. FOCTED KIDG PROGRAM

ROXBURY 520 DUDLEY STREET ROXBURY, MA 02136	04-3082352	501(C)(3)	7,709	7,492	ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
CHILDSERV	36-2171716	501(C)(3)	13,243	55,700	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

8765 WEST HIGGINS SUITE

CHICAGO, IL 60631

450

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

47,312 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

CHOICES INC 1785 BIG HILL RD	31-1180182	501(C)(3)	2,266	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

4.200

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

501(C)(3)

DAYTON, OH 45439

375 WOODSTDE AVENUE

SAN FRANCISCO, CA 94127

94-1519135

CITY YOUTH NOW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance COMM & FAMILY SVCS FDN 91-1976364 501(C)(3) 4.925 31.304 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM

209 S ASH STREET MOSES LAKE, WA 98837		551(5)(6)	,,,,,,	,	ITEMS	, ,	
COMPASS HEALTH THERAPEUTIC FOSTER CARE 4526 FEDERAL AVE BUILDING M/S 40	91-1180810	501(C)(3)	2,169	. ,	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

EVERETT, WA 98203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 06-1431360 501(C)(3) 8.658 ICLOTHING, SHOES, ETC. CONNECTICUT ALLIANCE 12.230 FMV/COST FOR NEW IFOSTER KIDS PROGRAM FOSTER & ADOPT FAM ITEMS

2189 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067

2.304

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

501(C)(3)

CORNERSTONES OF CARE 43-1689138

300 EAST 36TH STREET

KANSAS CITY, MO 64111

LEOSTER KIDS PROGRAM

CLOTHING, SHOES, ETC.

7.245 FMV/COST FOR NEW

ITEMS

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

6,500 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

COYOTE HILL CHRISTIAN	43-1601128	501(C)(3)	2,409	,	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
CHILDREN'S HOME				ITEMS		
9501 WEST COYOTE HILL						
ROAD						
HARRISBURG, MO 65256						

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

501(C)(3)

95-3655288

CSUS GUARDIAN SCHOLARS

SACRAMENTO, CA 95819

6000 J STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 76-0318867 501(C)(3) 26,316 10,120 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. DEPELCHIN CHILDREN'S IFOSTER KIDS PROGRAM

CENTER					ITEMS		
4950 MEMORIAL DRIVE							
HOUSTON, TX 77007							
DOUGLAS COUNTY CASA	35-2171298	501(C)(3)	2,179	8,635	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

2412 ST MARYS AVE

OMAHA, NE 68105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance EAST BAY CHLIDREN'S LAW 26-4504468 501(C)(3) 701 92,770 FMV/COST FOR NEW ICLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

OFF 7700 EDGEWATER DRIVE SUITE 210 OAKLAND, CA 94621		(-)(-)		ITEMS		
EDGEWOOD CNTR FOR CHILDR&FAM	94-1186168	501(C)(3)	2,185	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

3801 THIRD STREET SUITE

SAN FRANCISCO, CA 94124

610

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 17-0532313 501(C)(3) 2.726 6.855 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. EMBRACE FASTERN IFOSTER KIDS PROGRAM

WASHINGTON 418 WEST SHARP SPOKANE, WA 99201		(-),/	_,	-,	ITEMS		
ENNIS CENTER FOR CHILDREN	38-2222428	501(C)(3)	2,162	14,277	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

FLINT, MI 48502

129 EAST THIRD STREET

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

CLOTHING, SHOES, ETC.

FOSTER KIDS PROGRAM

44.967 FMV/COST FOR NEW

ITEMS

EVERY CHILD INC	23-2914614	501(C)(3)	2,318	6,000	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
1425 FORBES AVE THIRD					ITEMS		
FLOOR							
PITTSBURGH, PA 15219							

2.681

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

501(C)(3)

94-3083329

FAMILIES FOR CHILDREN 2990 LAVA RIDGE CT 170

ROSEVILLE, CA 95661

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance FAMILIES UNITED NETWORK 23-2857929 501(C)(3) 2.418 ICLOTHING, SHOES, ETC. 3.350 FMV/COST FOR NEW FOSTER KIDS PROGRAM

33 ASHLER MANOR DRIVE ITEMS MUNCY, PA 17756 FOSTER & ADOPTIVE FAMILY 22-2152414 501(C)(3) 15.820 10.955 FMV/COST FOR NEW CLOTHING, SHOES, ETC ITEMS SERVICES 4301 ROUTE 1SOUTH

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

08852

FOSTER KIDS PROGRAM MONMOUTH JUNCTION, NJ

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance FOCTED AND ADOPTIVE 02 00000E4 E01(C)(2) 2 240 20 FOO EMV//COCT FOR NEW LCLOTHING CHOICE ETC. FOCTED KIDG PROGRAM

89,930 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

FOSTER AND ADOPTIVE	93-0900034	301(C)(3)	2,240	20,300	ILIMA/COST LOK MEM	CLOTHING, SHOES, LTC	LOSIEK VIDS KKO
PARENT ASSOCIATION OF					ITEMS		
LANE COUNTY							
PO BOX 71531							
EUGENE, OR 97401							

6,398

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

501(C)(3)

FOSTER A DREAM

628 ESCOBAR STREET

MARTINEZ, CA 94553

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

TEXAS TOTAL PO BOX 152575 AUSTIN, TX 78715	27-1024497	501(C)(3)	11,622	20,627	ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
FOSTER ARIZONA	46-3920514	501(C)(3)	4,214	20,284	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

FOSTER ARIZONA PO BOX 20787

MESA, AZ 85277

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 58-2540031 501(C)(3) 17.154 ICLOTHING, SHOES, ETC. FOSTER CARE SUPPORT 14.730 FMV/COST FOR NEW FOSTER KIDS PROGRAM

FOUNDATION INC TOTAL ITEMS MAIL 3334 TRAILS END ROAD NE ROSWELL, GA 30075

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

55 SOUTH BROW STREET

EAST PROVIDENCE, RI 02914

FOSTER FORWARD 05-0486797 501(C)(3) 20,753 7,517 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance other) or government assistance 25 2400205 E04/61/31 2 262 PROGRAM

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

20.666 FMV/COST FOR NEW

ITEMS

FUSTER KIDS CHARITY INC	35-2409387	501(C)(3)	2,869	21,466	FMV/COST FOR NEW	CLUTHING, SHUES, ETC	LOSTER KIDS H
TOTAL					ITEMS		
12830 HILLCREST ROAD 111							
DALLAS, TX 75230							

2.186

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

501(C)(3)

FOSTERADOPT CONNECT

18600 EAST 37TH TERRACE INDEPENDENCE, MO 64057

TOTAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 94-0474080 501(C)(3) 10.098 ICLOTHING, SHOES, ETC. FRED FINCH YOUTH CENTER 137.848 FMV/COST FOR NEW IFOSTER KIDS PROGRAM 3800 COOLIDGE AVENUE ITEMS OAKLAND, CA 94602

26-3599945 501(C)(3) 4.278 9.170 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

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

FRIENDS OF CASA HAWAII TOTAL

4675 KAPOLEI PARKWAY KAPOLEI, HI 96707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 68-0387999 501(C)(3) 2.222 ICLOTHING, SHOES, ETC. GOLDEN STATE FAMILY 6.025 FMV/COST FOR NEW FOSTER KIDS PROGRAM ITEMS

ICLOTHING, SHOES, ETC.

IFOSTER KIDS PROGRAM

5.489 FMV/COST FOR NEW

ITEMS

SERVICES TOTAL PO BOX 130 KINGSBURG, CA 93631

4.066

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

501(C)(3)

GROWING HOME SOUTHEAST

440 KNOX ABBOT DRIVE CAYCE, SC 29033

TOTAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance HALOS - HELPING & LENDING 20-0858549 501(C)(3) 2,280 8.800 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. IFOSTER KIDS PROGRAM OUTREACH SUPPOR TOTAL ITEMS

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

CHILDREN TOTAL 3804 AVENUE B AUSTIN. TX 78751

4995 LACROSS ROAD STE 1250 NORTH CHARLESTON, SC 29406							
HELPING HAND HOME FOR	74-1144638	501(C)(3)	2,267	3,900	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

ITEMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance 26 2467006 E04/61/31 2 502 IDS PROGRAM

480 FMV/COST FOR NEW

ITEMS

ICLOTHING, SHOES, ETC.

FOSTER KIDS PROGRAM

HEPHZIBAH CHILDREN'S	36-216/096	501(C)(3)	3,582	21,/30	IFMV/COST FOR NEW	CLOTHING, SHOES, ETC	I FOSTER KID
ASSOCIATION TOTAL					ITEMS		
1144 LAKE STREET 5TH FLOOR							
OAK PARK, IL 60301							

202,240

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

501(C)(3)

80-0627614

IFOSTER

UNIT C

10049 MARTIS VALLEY ROAD

TRUCKEE, CA 96161

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

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

501(C)(3)

75-2389331

JONATHAN'S PLACE

GARLAND, TX 75043

6065 DUCK CREEK DRIVE

JOHN BURTON ADVOCATES FOR YOUTH 235 MONTGOMERY SUITE 1142 SAN FRANCISCO, CA 94104	81-2600695	501(C)(3)	30,000	0		FOSTER KIDS PROGRAM
SANTRANCISCO, CA 94104						

2.187

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

4,405 FMV/COST FOR NEW

ITEMS

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance KIDS CDOSSING TOTAL 94-1351595 E01/C1/31 9 0/9 9 557 EMV//COST EOD NEW CLOTHING SHOES ETC. FOSTER KIDS PROGRAM

1440 E FOUNTAIN BLVD COLORADO SPRINGS, CO 80910	04-1231303	301(0)(3)	5,040	· '	ITEMS	ecomino, snoes, ere	TOSTER RIDS FROGRAM
KIDS MATTER INC TOTAL 1850 NORTH DR MARTIN	39-1988488	501(C)(3)	7,276	· '	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

LUTHER KING DR DR

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

MILWAUKEE, WI 53212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance KIDS TO LOVE FOUNDATION 20-0606267 E01/C1/31 E 280| 10 542 EMV/COST EOD NEW ICLOTHING SHOES ETC. FOSTER KIDS PROGRAM

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

9.220 FMV/COST FOR NEW

ITEMS

KIDS TO LOVE TOOMDATION	20-0000307	301(0)(3)	3,200	19,572	I I I I V COST TOR NEW	CLOTHING, SHOLS, LIC	II OOTEK KIDS
TOTAL					ITEMS		
140 CASTLE DRIVE							
MADISON, AL 35758							

2.340

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

501(C)(3)

KINSHIP HOUSE TOTAL

PORTLAND, OR 97212

1823 NE 8TH AVE

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

35.288 FMV/COST FOR NEW

ITEMS

ICLOTHING, SHOES, ETC.

FOSTER KIDS PROGRAM

KOINONIA FAMILY SERVICES	94-2792265	501(C)(3)	7,800	35,908 FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER K
TOTAL				ITEMS		
POBOX 1403						
LOOMIS, CA 95650						

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

501(C)(3)

KOINONIA FAMILY SERVICES

1355 AIRMOTIVE WAY RENO, NV 89502

RENO TOTAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 48-0770308 501(C)(3) 10.001 ICLOTHING, SHOES, ETC. KVC KANSAS TOTAL 44.800 FMV/COST FOR NEW IFOSTER KIDS PROGRAM 21344 W 153RD STREET ITEMS OLATHE, KS 66061

68,377 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

3.671

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

501(C)(3)

LILLIPUT CHILDRENS

8391 AUBURN BLVD CITRUS HEIGHTS, CA 95610

SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance 44 4600570 E04/61/31 2 520 FOSTER KIDS PROGRAM

FAMILY SERVICES 186 JORALEMON STREET BROOKLYN, NY 11201	11-16335/2	501(C)(3)	2,538		ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
LUTHERAN SERVICES OF	58-1535692	501(C)(3)	14,259	100	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

GEORGIA (NOW INSPIRITUS)

PO BOX 31708 ALBANY, GA 31708

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance MADIN FOCTED DADENT 69-0170649 E01/C1/31 2 224 22 270 EMV/COST EOD NEW LCLOTHING SHOES ETC. FOSTER KIDS PROGRAM

ASSOCIATION TOTAL 4280 REDWOOD HIGHWAY SUITE 1B SAN RAFAEL, CA 94903	00-0179040	301(C)(3)	3,234	33,270	ITEMS	ecomino, shoes, ere	POSTER RIDS PROGRAM
MONROE HARDING INC TOTAL	62-0476670	501(C)(3)	2,179	5,159	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

1120 GLENDALE LANE

NASHVILLE, TN 37204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 27-3526596 501(C)(3) 2,239 57.593 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM MONTEREY COUNTY

ASSOCIATION 411 CENTRAL AVENUE SALINAS, CA 93901			,		ITEMS		
MORRISON CHLLD & FAMILY	93-0354176	501(C)(3)	2,214	25,780	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

11035 NE SANDY BLVD PORTLAND, OR 97220

SERVICES TOTAL

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 68-0414371 501(C)(3) 2.185 ICLOTHING, SHOES, ETC. NAPA FOSTER PARENT ASSOC 33.901 FMV/COST FOR NEW IFOSTER KIDS PROGRAM ITEMS

1025 BANBURY COURT NAPA, CA 94558 NEW HAMPSHIRE FOSTER & 22-3275811 501(C)(3) 2.548 12.612 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

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

ADOPT PARENT TOTAL PO BOX 3572

CONCORD, NH 03302

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

NORTH IDAHO CASA TOTAL 816 EAST SHERMAN AVENUE SUITE 6 COEUR DALENE, ID 83814	82-0458229	501(C)(3)	2,195	5,950	ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
NORTH OLYMPIC FOSTER	71-0905181	501(C)(3)	3,169	10,781	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

PARENT ASSOCIATION TOTAL

PO BOX 1286 SEQUIM, WA 98382

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 46-0759782 501(C)(3) 7.182 ICLOTHING, SHOES, ETC. NORTHERN RIVERS FAMILY OF 4.780 FMV/COST FOR NEW FOSTER KIDS PROGRAM

SERVICES ITEMS 60 ACADEMY ROAD ALBANY, NY 12208

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

SUITE 300

RIVERSIDE, CA 92507

OLIVE CREST SAN DIEGO 95-2877102 501(C)(3) 3.631 ICLOTHING, SHOES, ETC. 11.687 FMV/COST FOR NEW IFOSTER KIDS PROGRAM 555 TECHNOLOGY COURT ITEMS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-2877102 501(C)(3) 38.988 45.886 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. OLIVE CREST WASHINGTON FOSTER KIDS PROGRAM TOTAL ITEMS 2500 - 116TH AVENUE NE

19.535 FMV/COST FOR NEW

ITEMS

ICLOTHING, SHOES, ETC.

IFOSTER KIDS PROGRAM

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

501(C)(3)

BELLEVE WA 98004

1015 SIKES BLVD LAKELAND, FL 33815

FL BAPTIST)

ONE MORE CHILD (FORMERLY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance OD EOSTED DADENT ASSOC 01-1902962 E01/C1/31 2 161 36 830 EMV/COST EOD NEW ICLOTHING SHOES ETC. FOSTER KIDS PROGRAM

PO BOX 366 SALEM, OR 97308	91-1003003	301(e)(3)	2,101		ITEMS	ecomino, snozs, cre	TOSTER RIDS FROGRAM
OUR CHILDREN'S HOMESTEAD	39-1791398	501(C)(3)	3,753	33,770	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

TOTAL

387 SHUMAN BLVD STE 170E NAPERVILLE, IL 60563

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-2159746 501(C)(3) 3.225 ICLOTHING, SHOES, ETC. PATH INC - IDAHO TOTAL 10.310 FMV/COST FOR NEW IFOSTER KIDS PROGRAM

9167 WEST STATE STREET ITEMS GARDEN CITY, ID 83714 PRESSLEY RIDGE TOTAL 25-0965460 501(C)(3) 8.601 4.390 FMV/COST FOR NEW CLOTHING, SHOES, ETC FOSTER KIDS PROGRAM

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

5500 CORPORATE DRIVE SUITE 400

PITTSBURGH, PA 15237

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

21,195 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

PRESSLEY RIDGE - DELAWARE 942 WALKER ROAD SUITE A	25-0965460	501(C)(3)	2,230	-1	FMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

34.288

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

501(C)(3)

DOVER, DE 19904

9400 RUFFIN COURT SUITE A

SAN DIEGO, CA 92123

95-3655288

PROMISES2KIDS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance DIVED ONLY CENTED FOR 04-2510001 E01/C1/31 7 922 64 934 EMV/COST EOD NEW LCLOTHING SHOES ETC. FOSTER KIDS PROGRAM

CHILDREN 5445 LAUREL HILLS DRIVE SACRAMENTO, CA 95841	94-2319001	301(0)(3)	7,322	04,034	ITEMS	CEOTIENO, SHOES, ETC	POSTER RIDS PROGRAM
SACRAMENTO CHILDREN'S	94-1156588	501(C)(3)	2,212	27,780	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820

HOME

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

SAN DIEGO FOSTER PARENT ASSOC 1089 EL CAJON BLVD SUITE D EL CAJON, CA 92020	33-0925183	501(C)(3)	3,686	25,650	IFMV/COST FOR NEW ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
SANTA CLARA COUNTY	77-0044714	501(C)(3)	6,233	73,970	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

FOSTER & ADOPTIVE PARENT ITEMS ASSOCIATION

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

373 W JULIAN STREET SAN JOSE, CA 95110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 20-4751072 501(C)(3) 55 272 PANCREATIC CANCER SEENA MAGOWITZ

FOUNDATION TOTAL 7105 EAST PARADISE DRIVE SCOTTSDALE, AZ 85254				-			
SENECA FAMILY OF AGENCIES	94-2971761	501(C)(3)	2,694	50,048	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

6925 CHABOT ROAD

OAKLAND, CA 94618

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance 22 7244077 E04/61/31 O O 40 FM //COCT FOR LIZINGO TICKETO

SIERRA COLLEGE ENRICHED SCHOLARS PROGRAM 5100 SIERRA COLLEGE BLVD ROCKLIN, CA 95677	23-/2418//	501(C)(3)	U	9,040	TICKETS	KINGS TICKETS	FOSTER KIDS PROGR
CTERRA FOREVER FAMILIES	60 0003070	E01/C)(2)	2 166	47.251	EMV//COST EOD NEW	CLOTHING SHOES ETC	FOSTER KIDS BROCK

IFOSTER KIDS PROGRAM SIERKA FOREVER FAMILIES 68-0002878 501(C)(3)| 2,166 47,251 FMV/COST FOR NEW TULUTHING, SHUES, ETC 8928 VOLUNTEER LANE SUITE ITEMS

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

100

SACRAMENTO, CA 95826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance SOUTH CAROLINA YOUTH 34-1652048 501(C)(3) 3.774 19.878 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

4.125 FMV/COST FOR NEW

ITEMS

ADVOCATE PROGRAM TOTAL		·	ITEMS	
140 STONERIDGE DRIVE				
SUITE 350				
COLUMBIA, SC 29210				

25,263

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

501(C)(3)

ST JOSEPH ORPHANAGE TOTAL

5400 EDALBERT DRIVE

CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 3.129 2.000 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. ST PJ'S CHILDREN'S HOME 74-1143129 IFOSTER KIDS PROGRAM

TOTAL					ITEMS		
919 MISSION ROAD							
SAN ANTONIO, TX 78210							
STRAIGHT FROM THE HEART	33-0883050	501(C)(3)	4,033	12,050	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

839 W SAN MARCOS BLVD

SAN MARCOS, CA 92078

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 61-0597273 501(C)(3) 9.278 368 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. SUNRISE CHILDREN'S IFOSTER KIDS PROGRAM

SERVICES TOTAL 300 HOPE STREET MT WASHINGTON, KY 40047			·		ITEMS		
THE BAIR FOUNDATION TOTAL	25-1191561	501(C)(3)	2,317	11,595	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

THE BAIR FOUNDATION TOTAL 17 EAST CARL ALBERT

MCALESTER, OK 74501

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE BATH COUNDATION -25-1840964 E01/C1/31 2 670 9 225 FMV/COST FOR NEW ICLOTHING SHOES ETC. LEOSTER KIDS PROGRAM

441 FIENDSHIP ROAD HARRISBURG, PA 17111							
PENNSYLVANIA			,	•	ITEMS		
THE BAIK FOONDATION	23-10-030-	301(0)(3)	2,070	3,223	ILLIAN COST LOK MEN	CEOTHERO, SHOES, ETC	LI ODIEK KIDO EKOGK

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

2440 DAWNLIGHT AVENUE

COLUMBUS, OH 43211

31-0642111 3.100 ICLOTHING, SHOES, ETC IFOSTER KIDS PROGRAM THE BUCKEYE RANCH TOTAL 501(C)(3) 15.235 FMV/COST FOR NEW

ITEMS

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

20-4413828 501(C)(3) 8.629 33.033 FMV/COST FOR NEW CLOTHING, SHOES, ETC IFOSTER KIDS PROGRAM

THE FELIX ORGANIZATION 43 OYSTER BAY ROAD

LOCUST VALLEY, NY 11560

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE CHIND FOR ALEVANDRIA'S 54-1790275 E01/C1/31 4 2/1 6 ORD EMV/COST FOR NEW ICLOTHING SHOES ETC. FOSTER KIDS PROGRAM

CHILD 2525 MT VERNON AVE ALEXANDRIA, VA 22301	34-1700373	301(0)(3)	7,371	0,000	ITEMS	ecomato, snocs, cre	TOSTER RIBS FROGRAM
THE JAMES PROJECT	45-2763973	501(C)(3)	2,155	24,332	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

907 CLOCKTOWER DRIVE

SPRINGFIELD, IL 62704

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance THE NEW YORK FOUNDLING 13-1624123 E01/C1/31 34 151 51 175 EMV//COST EOD NEW CLOTHING SHOES ETC. LEOSTER KIDS PROGRAM

590 AVENUE OF THE AMERICAS NEW YORK, NY 10011	13 1024123	301(0)(3)	34,131	31,173	ITEMS	5.55 (1.51.5)	TOSTEN NIBS THOUNANT
THE UP CENTER TOTAL	54-0674774	501(C)(3)	7,862	5,045	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

150 BOUSH ST SUITE 500

NORFOLK, VA 23510

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

31,806 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

THE VILLAGES TOTAL	35-1708240	501(C)(3)	2,525	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
3833 N MERIDIAN STREET				ITEMS		
INDIANAPOLIS IN 46208						

5.416

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

501(C)(3)

THE WISHING WELL

PUYALLUP, WA 98375

16524 89TH AVE F

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 25-1383638 501(C)(3) 2.124 3.744 FMV/COST FOR NEW ICLOTHING, SHOES, ETC THREE RIVERS ADOPTION FOSTER KIDS PROGRAM

FOSTER KIDS PROGRAM

COUNCIL TOTAL 307 4TH AVE STE 310 PITTSBURGH, PA 15210		(-)(-)	_,		ITEMS	
TOGETHER WE RISE TOTAL	26-3043727	501(C)(3)	45.790	0		FOSTER KIDS PROC

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

580 W LAMBERT ROAD A BREA, CA 92821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance other) or government assistance TRANCITIONS CUILDRENIS 04-2071761 E01/C1/31 ורכר כ 2 725 EMV//COST EOD NEW LCLOTHING SHOES ETC. LEOSTER KIDS PROGRAM

SERVICES TOTAL 1945 NHELM AVENUE SUITE 101 FRESNO, CA 93727	34-23/1/01	301(0)(3)	2,222	3,723	ITEMS	ecomand, shoes, ere	TOSTER RIDS PROGRAM
TREEHOUSE	91-1425676	501(C)(3)	66,034	69,168	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

2100 24TH AVE S STE 200

SEATTLE, WA 98144

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TURNING POINTS FOR 23-1352272 501(C)(3) 4 687 5 310 FMV/COST FOR NEW ICLOTHING, SHOES, ETC. FOSTER KIDS PROGRAM

CHILDREN 415 S 15TH STREET PHILADELPHIA, PA 19146	23 1332272	301(0)(3)	1,007	,	ITEMS	 TOSTEN NIBS THOSINT
UC DAVIS - GUARDIAN	94-6036494	501(C)(3)	26,250	0		FOSTER KIDS PROGRAM

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

SCHOLARS 530 ALUMNI LANE DAVIS, CA 95616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance LINITY CARE CROUD 77 0222115 E01(C)(2) E EED 1E4 242 EMV/COCT FOR NEW LCLOTHING CHOICE ETC. FOSTER KIDS PROGRAM

1400 PARKMOOR AVE SUITE 115 SAN JOSE, CA 95126	//-0323115	501(C)(3)	5,552	154,242	ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
UNIVERSITY FOUNDATION AT	94-3001359	501(C)(3)	40,000	0			FOSTER KIDS PROGRAM

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

SAC STATE

6000 J STREET MS 6030 SACRAMENTO, CA 95819

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

14,420 FMV/COST FOR NEW

ITEMS

CLOTHING, SHOES, ETC

FOSTER KIDS PROGRAM

UPLIFT FAMILY SERVICES	94-2295953	501(C)(3)	3,657	66,546	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
TOTAL					ITEMS		
9343 TECH CENTER DRIVE							
SUITE 200							
SACRAMENTO, CA 95826							

2.755

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

501(C)(3)

UTAH YOUTH VILLAGE TOTAL

SALT LAKE CITY, UT 84121

5800 SOUTH HIGHLAND DRIVE

87-0301014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance VALLEY OF MOON CUIT DREN 60 0242720 E01(C)(2) 2 164 42 OF CLANVICOCT FOR NEW ICLOTUTNIC SUCCES ETC. LEGGTED KIDG DDGGDAM

ITEMS

FDN PO BOX 11671 SANTA ROSA, CA 95406	66-0343720	501(0)(3)	3,104		ITEMS	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
YOUTH & FAMILY PROGRAM	68-0027507	501(C)(3)	11,149	26,263	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM

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

2770 PIONEER DRIVE

REDDING, CA 96001

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

FOSTER KIDS PROGRAM

YOUTH ADVOCATES SERVICES	31-0943024	501(C)(3)	2,200	4,980	FMV/COST FOR NEW	CLOTHING, SHOES, ETC	FOSTER KIDS PROGRAM
TOTAL					ITEMS		
825 GRANDVIEW AVE							
COLUMBUS, OH 43215							

9.000

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

501(C)(3)

YOUTH FOR CHANGE

PO BOX 1476 PARADISE, CA 95967 68-0238941

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 58-1716970 501(C)(3) 4.679 CLOTHING, SHOES, ETC IFOSTER KIDS PROGRAM YOUTH VILLAGES TENNESSEE 38.228 FMV/COST FOR NEW TOTAL ITEMS

3320 BROTHER BOULEVARD MEMPHIS. TN 38133

efile GRAPHI	C print - DO	NOT PROCES	S A	s Filed Data -					DL	.N: 93	4930	410	15510
Schedule L (Form 990 or 990	-EZ) ► Comp	lete if the org	anizatio	ions with li	s" on Form 9	90, Part IV, li	nes 2	25a, 2	25b, 26		MB No	1545	5-0047
			► A	r 28c, or Form 99 ttach to Form 99	0 or Form 99	90-EZ.					20	1	8
Department of the Tre Internal Revenue Serv	I	PG0 t	o <u>www</u>	.irs.gov/Form996	or the late	st information	1.			(Open Insi		
Name of the org	anızatıon						Er	mplo	yer ide	ntifica			
									5853				
				501(c)(3), section on Form 990, Part						ne 40b			
) Name of disqu			(b) Relationship be	etween disqua			(c) [escript	ion of	(d) Cor	rected?
					organization			tr	ansactı	on	Y	es	No
Cor	nplete if the orgorted an amoun	t on Form 990, nip (c) Purpose	Part X, I	s" on Form 990-EZ line 5, 6, or 22 oan to or from the organization?	, Part V, line 3 (e)Original principal amount	38a, or Form 99 (f)Balance due	(g)) In ault?	(I Appro boa	h) ved by rd or nittee?	(janıza i)Wrı greem	tten
Total					<u> </u>								
				terested Perso									
Con (a) Name of Inter	ested person	rganization an (b) Relationshij interested perso organizat	p betwee		990, Part IV, of assistance	, line 27. (d) Type o	of assi	stand	e	(e) Pu	rpose o	of ass	ıstance
									_				
For Paperwork Red	luction Act Notic	e, see the Instru	ctions fo	or Form 990 or 990-	EZ. C	at No 50056A		Scl	nedule I	L (Form	990 o	r 990-	EZ) 2018

Complete if the organization	n answered "Yes" on Forn	n 990, Part IV, line 28a	a, 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
(1) DALE CARLSEN	DALE IS A 60% OWNER MEMBER OF BUNKER WILSON,LLC MANAGEMENT COMPANY	,	INDEPENDENT CONTRACTOR ARRANGEMENT FOR MANAGEMENT SERVICES		No
					i

Explanation

Schedule I. (Form 990 or 990-F7) 2018

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

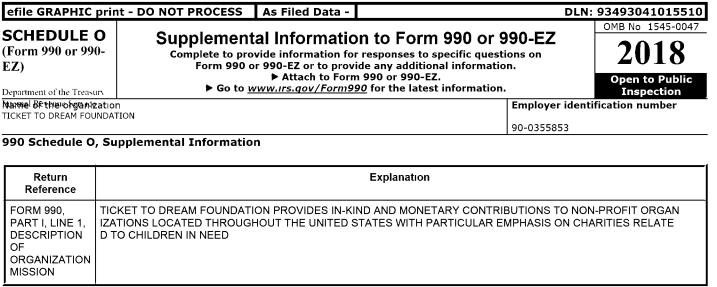
Return Reference

Part V

Supplemental Information

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349304	1015	510
	EDULE M			loncash Contri	hutions	(OMB No 1	545-0	047
(For	m 990)		1	Moncasii Contin	Dutions		20	10)
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	10)
	► Attach to Form 990.								
•	ment of the Treasury al Revenue Service	▶Go to <u>www.irs.g</u>	ov/Form9	190 for the latest informat	ion.		Open to Inspe		
	of the organizat					Employer identif	ication n	ımbeı	•
TICKL	T TO DICEAPITOONE	ATION				90-0355853			
Pa	rt I Types	of Property			•				
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determin tribution a		:S
1	Art—Works of art	t			,				
2	Art—Historical tr	easures .							
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods	isehold	X		4,112,048	THRIFT & COST			
6	Cars and other v								
7	Boats and planes	5							
	Intellectual prope								
	Securities—Publi								
	Securities—Close	•							
	Securities—Partr or trust interest	s							
	Securities—Misce								
13	Qualified conserve contribution—Hi structures .	istoric							
14	Qualified conserve contribution—Of								
	Real estate—Res								
	Real estate—Cor								
17 18	Real estate—Oth Collectibles .								
19	Food inventory								
	Drugs and medic								
	Taxidermy .								
22	Historical artifact	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (
	Other ► (
	Other ▶ (•				-			
	•	· · · · · · · · · · · · · · · · · · ·	ho organiza	I ation during the tax year for	contributions				
29				3, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property r					
				e of the initial contribution, a			30a		No
b	If "Yes," describ	e the arrangement (n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contri	butions?	31		No
32a				or related organizations to so		sh · · ·	32a		No_
ь	If "Yes," describ	e ın Part II							
33	-	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II on Act Notice, see the	Tueburret	an for Form OOC	Cat No. 512271	Cala I	le M (Form	000)	(2010)

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)



Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	TICKET TO DREAM FOUNDATION PROVIDES IN-KIND AND MONETARY CONTRIBUTIONS TO NON-PROFIT ORGAN IZATIONS 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

Return Explanation
Reference

LINE 2

FORM 990, THE ORGANIZATION FORMED A FISCAL PARTNERSHIP WITH DRESS 2 S O A R
PART III,

Return Explanation
Reference

FORM 990, PART III, LINE 3

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LINE 2 EXPLANATION - BUSINESS RELATIONSHIPS SUNNI GOODMAN (BOARD MEMBER) OF TICKET TO DRE AM FOUNDATION ("THE FOUNDATION") IS ALSO AN EMPLOYEE OF MATTRESS FIRM, INC., (MFRM) MFRM I S A MAJOR SUPPORTER OF THE IN-STORE COLLECTION DRIVES AND DONATED ADMINISTRATIVE RESOURCES AND SUPPORT TO THE FOUNDATION INCLUDING ADMINISTRATIVE, PUBLIC RELATIONS AND EXTERNAL COM MUNICATIONS 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 JANET ANTON, GINA DAVIS AND JOHN HAITZ, OFFICERS OF THE ORGANIZATION, ARE EMPLOYEES OF BUNKER WILSON, LLC THAT PROVIDES SER VICES TO THE FOUNDATION FAMILY RELATIONSHIP DALE CARLSEN (OFFICER) AND KATHRYN CARLSEN (BOARD MEMBER) ARE MARRIED

Return Explanation
Reference

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

Return Explanation
Reference

FORM 990, THE BOARD OF DIRECTORS REVIEWS ALL OFFICERS AND DIRECTORS ANNUALLY TO DETERMINE THAT THERE PART VI, ARE NO CONFLICTS OF INTEREST IN ADDITION TO REQUIRING DISCLOSURE OF POTENTIAL CONFLICTS B SECTION B, Y SUCH PERSONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WHEN HIRING KEY PERSONNEL, THE CFO PREPARES A COMPARABILITY ANALYSIS TO ENSURE COMPENSATIO N IS APPROPRIATE SALARY AND BENEFIT REPORTS PRODUCED BY INDEPENDENT ORGANIZATIONS INVOLVE D 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 BECOME S FINAL

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19