Form	990
Form	330

### EXTENDED TO NOVEMBER 15, 2022 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.

Department of the Treasury Internal Revenue Service

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



AF	or the	e 2021 calendar year, or tax year beginning	and	lending				
B c a	heck if pplicabl	e: C Name of organization			D Employer identif	ication number		
<b></b>	Addre	PERMISSION TO START DR	EAMING FOUNDATIO	ON				
	Name chang	B. I. S. I. I.			27-52518	86		
	Initial	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	er		
	  	3733 ROSEDALE STREET N		100	253-432-			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	988,302.		
	Amen				H(a) Is this a group r	eturn		
	Applic tion		LIE MAYNE		for subordinates	s? Yes X No		
	pendi	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No		
IT	ax-ex	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. See instructions		
JV	Vebsi	te: > HTTPS: / / PTSDFOUNDATION	.ORG		H(c) Group exemption	on number 🕨		
κF	orm of	organization: X Corporation Trust A	ssociation 📃 Other 🕨	L Year	of formation: 2013	M State of legal domicile: WA		
	irt I	Summary						
	1	Briefly describe the organization's mission or most	significant activities: THE	PERMIS	SION TO STA	RT DREAMING		
Activities & Governance		FOUNDATION IS COMMITTED T	O BRINGING OUR N	JATIONS	HEROES ACC	ESS TO		
rna	2	Check this box 🕨 🔲 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net as			
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3	16		
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			16		
ŝ	5	Total number of individuals employed in calendary	year 2021 (Part V, line 2a)			10		
vitie	6	Total number of volunteers (estimate if necessary)			6	300		
<b>\cti</b>	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12					
-	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			0.		
					Prior Year	Current Year		
Q	8	Contributions and grants (Part VIII, line 1h)	······	313,194.	925,290.			
Revenue					4,261.			
sev.		Investment income (Part VIII, column (A), lines 3, 4			392.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-17,857.			
_		Total revenue - add lines 8 through 11 (must equal			299,990.	843,004.		
		Grants and similar amounts paid (Part IX, column (		······	19,685.	7,750.		
		Benefits paid to or for members (Part IX, column (A			0. 141,582.	0.		
es		Salaries, other compensation, employee benefits (		······		1		
ens		Professional fundraising fees (Part IX, column (A), I		22	0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), lin			168,041.	381,032.		
		Other expenses (Part IX, column (A), lines 11a-11d			329,308.	681,017.		
		Total expenses. Add lines 13-17 (must equal Part I			-29,318.			
- 55	19	Revenue less expenses. Subtract line 18 from line	12	Ba	ginning of Current Year			
ts o	00	Tatal eccets (Dat V line 16)			308,290.	End of Year 470,277.		
Net Assets or Fund Balances	20				0.	0.		
let/	21 22	Net assets or fund balances. Subtract line 21 from	line 20	······	308,290.	470,277.		
Pa	rt II	Signature Block			500,2501	1/0/2//0		
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	nts, and to the best of m	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than office				,		
	50.100	1 manarana	20/		FID	6/22		
Sigr	, I	Signature of officer	5		Date			
Here		LESLIE MAYNE, FOUNDING	DIRECTOR					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	0	Date Check	PTIN		

		I roparor o orginataro			if			
Paid	LYNNAE S. FRITZ	LYNNAE S.	FRITZ	07/26/22	self-employed PC	12709	87	
Preparer	Firm's name <b>THE DOTY GROUP</b> ,	P.S.		Firm's	EIN > 20-5	01826	7	
Use Only	Firm's address 1102 BROADWAY,	SUITE 400						
	TACOMA, WA 9840	2		Phone	no.253-83	0-545	0	
May the IF	RS discuss this return with the preparer shown a	bove? See instruction	s			Yes	No	
132001 12-0	12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047
	For calendar year 2021	, or fiscal year beginning , 2021, and ending	. 20	2021
Department of the Treasury		Do not send to the IRS. Keep for your records.	· · ·	
Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information		
Name of filer			EIN or S	
PERMIS	SION TO SI	ART DREAMING FOUNDATION	27-	5251886
Name and title of officer or pe	rson subject to tax	LESLIE MAYNE FOUNDING DIRECTOR		
Part I Type of I	Return and Ret	urn Information		
Form 5330 filers may enter or <b>10a</b> below, and the amo	r dollars and cents. ount on that line for	e using this Form 8879-TE and enter the applicable amount, if a For all other forms, enter whole dollars only. If you check the b the return being filed with this form was blank, then leave line -). But, if you entered -0- on the return, then enter -0- on the app	box on line 1a, 2 1b, 2b, 3b, 4b, 4	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b,
	nere 📃 🕨 🔀	b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12)	1b 843,004.
2a Form 990-EZ che		b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL	check here 🕨 🛄	b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF che	ck here 🕨 🗔	b Tax based on investment income (Form 990-PF, Part V,	, line 5)	4b
5a Form 8868 check	here 🕨 🗔	b Balance due (Form 8868, line 3c)		
6a Form 990-T check	k here 🕨 🗔	b Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check	here	b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check	here	b FMV of assets at end of tax year (Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CP, F		10b
		ure Authorization of Officer or Person Subject t I am an officer of the above entity or I am a person subj		
complete. I further declare intermediate service provid acknowledgement of recei of any refund. If applicable entry to the financial institu- financial institution to debi later than 2 business days payment of taxes to receiv	that the amount in der, transmitter, or e pt or reason for reje r, I authorize the U.S ution account indica t the entry to this ac prior to the paymer e confidential inforr	edules and statements, and, to the best of my knowledge and Part I above is the amount shown on the copy of the electronic lectronic return originator (ERO) to send the return to the IRS a ction of the transmission, <b>(b)</b> the reason for any delay in proce b. Treasury and its designated Financial Agent to initiate an ele- ted in the tax preparation software for payment of the federal iscount. To revoke a payment, I must contact the U.S. Treasury at (settlement) date. I also authorize the financial institutions in nation necessary to answer inquiries and resolve issues related nature for the electronic return and, if applicable, the consent is	c return. I conser and to receive fro essing the return ctronic funds wit taxes owed on th r Financial Agent volved in the pro d to the payment	nt to allow my or refund, and <b>(c)</b> the date hdrawal (direct debit) his return, and the at 1-888-353-4537 no cessing of the electronic . I have selected a
PIN: check one box only	-			10245
X lauthorize TH	E DOTY GRO		to enter my	/ PIN 12345
		ERO firm name		Enter five numbers, but do not enter all zeros
with a state ager on the return's d As an officer or p return. If I have in	ncy(ies) regulating c lisclosure consent s person subject to ta ndicated within this	1 electronically filed return. If I have indicated within this return harities as part of the IRS Fed/State program, I also authorize creen. x with respect to the entity, I will enter my PIN as my signature return that a copy of the return is being filed with a state agen ny PIN on the return's disclosure consent screen.	the aforementior	ed ERO to enter my PIN 2021 electronically filed
Signature of officer or person subject	et to tax		Da	ate 🕨
Part III Certifica	tion and Authe	ntication		
ERO's EFIN/PIN. Enter yo number (EFIN) followed by		0101001		
		N, which is my signature on the 2021 electronically filed return equirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information		
ERO's signature	sie	amayo Date Date	07/26/22	2
·····		RO Must Retain This Form - See Instructions		
		bmit This Form to the IRS Unless Requested To	o Do So	
LHA For Privacy act and		tion Act Notice, see instructions.		Form 8879-TE (2021)

	1990 (2021) PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page	e <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
		X
1		
	THE PERMISSION TO START DREAMING FOUNDATION IS COMMITTED TO BRINGING	
	OUR NATIONS HEROES ACCESS TO TRANSFORMATIVE CARE THAT WILL STRENGTHEN	
	THEIR LIVES AND THEIR FAMILIES WELL IN TO THE FUTURE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	NO
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
3	<b>5 5 5 5 5 5 5</b>	NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		_ )
	PRAYER BREAKFAST, MONTHLY HUDDLE-ALL OF THESE EVENTS WERE TO RAISE	
	AWARENESS AND FUNDS TO SUPPORT MILITARY AND FIRST RESPONDER PERSONNEL	
	AND THEIR FAMILIES CONCERNING POST TRAUMATIC STRESS AND ALTERNATIVE	
	THERAPIES AVAILABLE.	
4b	(Code:) (Expenses \$ 407,910. including grants of \$) (Revenue \$	)
	WARRIOR PATHH (PROGRESSIVE & ALTERNATIVE TRAINING HELPING HEROES) IS	_ ′
	OUR NATION'S FIRST NON-CLINICAL, PEER-TO-PEER PROGRAM DESIGNED TO	
	CULTIVATE AND FACILITATE POSTTRAUMATIC GROWTH.	
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$ )	_ )
		—
4d	Other program services (Describe on Schedule O.)	
Tu		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 514,519.	
4e	Total program service expenses ► 514,519.	001)

Form 990 (2		PERMISSION	-	START	DREAMING	FOUNDATION
Part IV	Checklist of R	equired Schedule	es			

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

 Form 990 (2021)
 PERMISSION TO START DREAMING FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

	l (ontindod)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
<b>2</b> 4 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטת זו סטוופטעוב ט טטווגמווז א ובאטטואב טו זוטנב נט אוזע וווש וו נוווא דאור ע	<u></u>	Vac	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a14Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form 990 (2						FOUNDATION
Part V	Statements	Regarding Other II	rs f	ilings and	l Tax Complia	nce (continued)

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 10						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			77			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		х			
5a ⊾	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u> 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23			
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50					
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua					
5	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	0.0					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
b							
c							
	to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b						
1 <b>2</b> 2	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	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?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

#### PERMISSION TO START DREAMING FOUNDATION

27-5251886 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion 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 16						
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16						
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	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
-	of officers, directors, trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
74	more members of the governing body?	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	-7 <u>u</u>					
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0					
a	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0					
Ũ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	(mis dection b requests mormation about policies not required by the internal nevenue code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	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	<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	<b>b</b> Describe on 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							
b							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe						
	on Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		Х			
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		Х			
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					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ WA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	LESLIE MAYNE - 253-565-5637						
	3733 ROSEDALE STREET NW, #100, 100, GIG HARBOR, WA 98335						

Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	
	Employees, and Independent Contractors	
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Form 990 (2		Page 7

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 energiation is the energiation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	ltiona		nploy	st cor	ar	1000 (120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE MAYNE	40.00		_				-			
EXECUTIVE DIRECTOR				X				55,000.	Ο.	0.
(2) FENNY FRIIS	4.00									
SECRETARY				Х				19,089.	0.	0.
(3) ALEC ZARELLI	3.00									
TREASURER				Х				0.	0.	0.
(4) MIKE MITCHELL	3.00									
DIRECTOR		Х						0.	0.	0.
(5) TRISH HUFF	3.00									
DIRECTOR		Х						0.	0.	0.
(6) PACKY RIEDER	4.00									
SECRETARY				Х				0.	0.	0.
(7) CAMERON SMITH	3.00									
DIRECTOR		Х						0.	0.	0.
(8) JUSTIN UHLER	10.00									
PRESIDENT				Х				0.	0.	0.
(9) STEVE EASTON	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JASON EMERSON	3.00									
DIRECTOR		Х						0.	0.	0.
(11) NINO GRAY JR.	3.00									
VICE PRESIDENT				Х				0.	0.	0.
(12) SETH STORSET	3.00									
DIRECTOR		Х						0.	0.	0.
(13) RON O'FARRELL	3.00									
DIRECTOR		Х						0.	0.	0.
						-				
		I				L				000

		ON TO SI	'AR	т	DR	EA	MI	NG	FOUNDATION	27-52	518	886	Pa	ge <b>8</b>
Part	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Pos heck i ss per	more rson i	) than o s both pr/trus	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related	ı	Estii amo	( <b>F)</b> mateo ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		orgar	m the nizatio relate	on ed
			-								+			
			-											
			-											
			-								-			
			-											
c 1	Subtotal otal from continuation sheets to Part VI otal (add lines 1b and 1c)	I, Section A							74,089. 0. 74,089.		0.0.0			0.0.0
2 7	otal number of individuals (including but r							o re			<u></u>			0
C	compensation from the organization											Y	/es	No
	Did the organization list any <b>former</b> officer ne 1a? If "Yes," complete Schedule J for s			-	•	-		Ŭ	• •	•		3		х
4 F	or any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$15 Did any person listed on line 1a receive or a											4		X
	endered to the organization? <i>If "Yes," con</i> on B. Independent Contractors	nplete Schedule	e J fo	or sı	ich i	bers	on .			<u></u>		5		Х
	Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensati	on from	า	
<u>t</u>	he organization. Report compensation for (A) Name and business			endir DNE		<u>ith c</u>	or wi	thin	<u>the organization's tax y</u> ( <b>B)</b> Description of s		C(	(C)	ation	
		2001035	INC		2				Description of a			Sinpena		
	otal number of independent contractors (i 100.000 of compensation from the organi	•	ot lin	niteo	d to	thos (		ted	above) who received mo	ore than				

	<u>1 990 (</u> rt VII			O START DI	REAMING FOU	JNDATION	27-5251	886 Page <b>9</b>
Pa	rt <b>v</b> ii							
		Check if Schedule O conta	ins a respons	e or note to any lin	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts Its	1 a	Federated campaigns						
àraı our	b	Membership dues						
An G	С	Fundraising events	1c	246,486.				
ar ,	d	Related organizations	1d					
s, ( imil	е	Government grants (contributio	ns) <b>1e</b>	29,261.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants	s, and					
but		similar amounts not included above	9 <b>1f</b>	649,543.				
d O L	g	Noncash contributions included in lines 1a	ı-1f <b>1g</b> \$					
Col	h	Total. Add lines 1a-1f		•	925,290.			
				Business Code				
e	2 a	MERCHANDISE SALE	IS	900099	317.	317.		
vic	b							
Ser	с							
am Vel	d							
Program Service Revenue	e			-				
Pro	f	All other program service reven	ue	-				
	a.				317.			
	3	Investment income (including d			•=			
	Ŭ	other similar amounts)			230.			230.
	4	Income from investment of tax-						
	5	Royalties	-					
	J		(i) Real	(ii) Personal				
	6 0	Gross rents 6a	()	() 1 0100110.				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		· · · · · · · · · · · · · · · · · · ·						
		Gross amount from sales of	(i) Securities					
	<i>i</i> a	assets other than inventory <b>7a</b>	() 000411100	16,500.				
	L			10,500.				
đ	D	Less: cost or other basis and sales expenses		0.				
enue	-	Gain or (loss) 7c		16,500.				
eve					16,500.	16,500.		
r B		Net gain or (loss) Gross income from fundraising eve			10,500.	10,500.		
Other Rev	8 a	including \$ 246,48						
0								
		contributions reported on line 1		Ba 45,965.				
	L.	Part IV, line 18		sa <u>4</u> 5,909. sb145,298.				
		Less: direct expenses	····· <u> </u>		-99,333.			-99,333.
		Net income or (loss) from fundr		<b>▶</b>	- 39,333.			- 33, 333.
	9 a	Gross income from gaming act						
		Part IV, line 19		)a				
		Less: direct expenses		)b				
		Net income or (loss) from gamin		····· ►				
	10 a	Gross sales of inventory, less re						
		and allowances		0a				
		Less: cost of goods sold		0b				
	с	Net income or (loss) from sales	of inventory					
S				Business Code				
eor	11 a							
Miscellaneous Revenue	b							
icel 3ev	С			-				
Mis	d	All other revenue						
	е	Total. Add lines 11a-11d			042 004	10.018		00 102
	12	Total revenue. See instructions	<u></u>	🕨	843,004.	16,817.	0.	-99,103.

Form 990 (2021)	PERMISSION T		DREAMING	FOUNDATION	27-5251886	Page <b>10</b>
Part IX Statement of I	Functional Expense	S				

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

	neck if Schedule O contains a respons nounts reported on lines 6b, ob of Part VIII	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	her assistance to domestic organizations		expenses	general expenses	expenses
	governments. See Part IV, line 21				
	other assistance to domestic				
	See Part IV, line 22	7,750.	7,750.		
	other assistance to foreign	.,			
	s, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	d to or for members				
	on of current officers, directors,				
	d key employees	55,000.		14,996.	40,004.
	not included above to disqualified				
-	efined under section 4958(f)(1)) and				
	ibed in section 4958(c)(3)(B)				
	es and wages	237,235.	216,227.	21,008.	
	accruals and contributions (include		-		
	) and 403(b) employer contributions)				
	yee benefits				
	s				
	vices (nonemployees):				
	t				
		10.		10.	
		20,083.		20,083.	
	undraising services. See Part IV, line 17				
	nanagement fees				
	e 11g amount exceeds 10% of line 25,				
	mount, list line 11g expenses on Sch 0.)	14,992.	5,788.	6,224.	2,980.
12 Advertising a	and promotion	12,174.	5,775.	561.	2,980. 5,838.
	ises	71,778.	28,795.	30,983.	12,000.
	technology	19,565.	19,565.		
		60,629.	60,629.		
		48,659.	48,659.		
	travel or entertainment expenses				
for any feder	al, state, or local public officials				
19 Conferences	s, conventions, and meetings				
	affiliates				
	n, depletion, and amortization	1,689.			1,689.
23 Insurance		8,723.	8,723.		
24 Other expense	es. Itemize expenses not covered				
	iscellaneous expenses on line 24e. If nt exceeds 10% of line 25, column (A),				
	ne 24e expenses on Schedule O.)				
a EVENT	EXPENSES	111,310.	101,402.		9,908.
	ITY OUTREACH	10,811.	10,811.		
c FEES		309.	95.		214.
d WORKSH	OPS	300.	300.		
e All other exp	enses				
25 Total function	al expenses. Add lines 1 through 24e	681,017.	514,519.	93,865.	72,633.
26 Joint costs. C	omplete this line only if the organization				
reported in co	lumn (B) joint costs from a combined				
educational ca	impaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Earm <b>990</b> (202

n 990	PERMISSION TO	START	DREAMING FOU	JNDATION
rt X	Balance Sheet			
	Check if Schedule O contains a response or not	e to any lin	e in this Part X	
				<b>(A)</b> Beginning of year
1	Cash - non-interest-bearing			79,937.
2	Savings and temporary cash investments			212,944.
3	Pledges and grants receivable, net			
4	Accounts receivable, net			
5	Loans and other receivables from any current or	former offi	cer, director,	
	trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%	
	controlled entity or family member of any of thes	e persons		
6	Loans and other receivables from other disqualit	ied person	s (as defined	
	under section 4958(f)(1)), and persons described	l in section	4958(c)(3)(B)	
7	Notes and loans receivable, net			
8	Inventories for sale or use		L	
9	Prepaid expenses and deferred charges			15,349.
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	10a	40,979.	
	<b>b</b> Less: accumulated depreciation	10b	3,501.	60.
11	Investments - publicly traded securities		L	
12	Investments - other securities. See Part IV, line 1	1	L	
13	Investments - program-related. See Part IV, line	11	L	
14				
15	Other assets. See Part IV, line 11		L	
16	Total assets. Add lines 1 through 15 (must equal	al line 33)		308,290.

Accounts payable and accrued expenses

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ 

controlled entity or family member of any of these persons

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

trustee, key employee, creator or founder, substantial contributor, or 35%

1

2 3 4

5

6 7

8

9

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

0.

287,475.

308,290.

308,290.

20,815.

(B) End of year

154,534.

245,334.

32,931.

37,478.

470,277.

470,277. Form 990 (2021)

470,277.

449,462.

20,815.

0.

Forr Pa

Assets

17

18

19

20

21

22

23

24 25

26

27

28

29

30

31

32

33

of Schedule D

Liabilities

Net Assets or Fund Balances

Form	990 (2021) PERMISSION TO START DREAMING FOUNDATION	27-52	51886	Pag	<sub>je</sub> 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	843		
2	Total expenses (must equal Part IX, column (A), line 25)	2	681		
3	Revenue less expenses. Subtract line 2 from line 1	3	161		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308	, 29	<u> </u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	470	, 27	17.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
			`	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organiz	zation
---------------------	--------

Employer	ide	ntif	fica	tion	nur	nber
		_				

				START DREAMIN				2	7-5251886
Part	Ι	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The org	gan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only (	one box.)			
1 🗌		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	า 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10 🛛	ζ	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
_	_	See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12 🗌		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that						-	
а		<b>Type I.</b> A supporting orga		-	•	-			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	upporting
	_	organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				•		•
		control or management o			ame perso	ns that co	ntrol or manag	je the sup	ported
		organization(s). You mus	-						-1 14-
С		J Type III functionally inte						y integrate	ea with,
		its supported organization		-				had argani	ration(a)
d		J Type III non-functionally that is not functionally int						-	
		requirement (see instruct	с С	<b>e</b> ,			•	anallenin	/eness
е		Check this box if the orga		-					
U		functionally integrated, or					турст, турст	i, iype iii	
f F	Inte	er the number of supported of							
		vide the following information	-						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total									

# Schedule A (Form 990) 2021 PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		_	-	_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			7	•	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi					<u> </u>	
14	Public support percentage for 2021 (li					14	%
15	Public support percentage from 2020					15	%
<b>16</b> a	33 1/3% support test - 2021. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	fies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-	-				10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu						▶∟_
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►

Schedule A (Form 990) 2021

#### PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 3 Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	and a subberr						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	276,518.	334,243.	400,854.	312,951.	925,290.	2249856.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	92,438.	135,714.	140,139.	75,912.	46,282.	490,485.
4	Tax revenues levied for the organ-	-	-	-	-	-	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	368,956.	469,957.	540,993.	388,863.	971,572.	2740341.
	Amounts included on lines 1, 2, and	500,550.	±05,557•	540,555.	500,005.	571,572.	2/10511.
78	3 received from disqualified persons		20,000.	20,000.	20,000.	20,045.	80,045.
h	Amounts included on lines 2 and 3 received		20,000.	20,000.	20,000.	20,045.	00,045.
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		72 040	140 505	60 400	27 110	220 004
	amount on line 13 for the year		72,940.	149,525. 169,525.	69,420. 89,420.	57,119.	329,004. 409,049.
	Add lines 7a and 7b		92,940.	169,525.	89,420.	57,104.	
8	Public support. (Subtract line 7c from line 6.)						2331292.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	368,956.	469,957.	540,993.	388,863.	971,572.	2740341.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	109.	57.	398.	392.	230.	1,186.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	109.	57.	398.	392.	230.	1,186.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					2001	1,1000
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	369,065.	470,014.	541,391.	389,255.	971,802.	2741527.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	'n,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	85.04 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	83.31 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c. colun	nn (f), divided by lir	ne 13. column (f))		17	.04 %
	Investment income percentage from 2					18	.05 %
	<b>33 1/3% support tests - 2021.</b> If the						
.56	more than 33 1/3%, check this box ar						► X
F	<b>33 1/3% support tests - 2020.</b> If the	-	•				
i C	line 18 is not more than 33 1/3%, che	•					
20				•		•	
20	Private foundation. If the organizatio	in alu not check a l	JUX UN III IE 14, 192	a, of 190, check th	IS DUX AND SEE INST		🔽 📖

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes

1

2

No

### Schedule A (Form 990) 2021 PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	below, the governing body of a supported organization?	11a		
b	A fan	mily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Ves	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organization and what eardiving a creativities of any applied to every during the tax year.	1	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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,

SUDEIVISE			ig organization.	
Section C.	Type II Sup	porting Org	janizations	

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

Section D.	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 on line 2, above, 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		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

2a

Yes No

2

PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 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 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

PERMISSION	то	START	DREAMING	FOUNDATION	27-5251886	Page 7
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	dule A (Form 990) 2021 PERMISSION TO	START	DREAMING	FOUNDATIO	v 2	7-5251886 Page	7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Sup	porting Organ	nizations <sub>(contin</sub>	ued)		
Secti	on D - Distributions					Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purpose	es		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes o	of supported				
	organizations, in excess of income from activity				2		
3	Administrative expenses paid to accomplish exempt purpose	es of support	ted organizations		3		
4	Amounts paid to acquire exempt-use assets				4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details	<i>in</i> Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.				6		
7	Total annual distributions. Add lines 1 through 6.				7		
8	Distributions to attentive supported organizations to which the	ne organizati	on is responsive				
	(provide details in Part VI). See instructions.				8		
9	Distributable amount for 2021 from Section C, line 6				9		
10	Line 8 amount divided by line 9 amount	1	I		10		
Secti	on E - Distribution Allocations (see instructions)	Excess I	(i) Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2021, if						
-	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						_
-	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2020						
-							

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PERMISSION	TO STAR	DREAMING	FOUNDATION	27-5251886 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	<b>nation.</b> Provide the 2, 3b, 3c, 4b, 4c, 5a, nes 2 and 3; Part IV, 5	explanations red 6, 9a, 9b, 9c, 11 Section E, lines 1	quired by Part II, line a, 11b, and 11c; Par c, 2a, 2b, 3a, and 3	10; Part II, line 17a or t IV, Section B, lines 1 b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

	PERMISSION TO START DREAMING FOUNDATION
Organization type (ch	eck one):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule	B (Form 990) (2021)		Page
Name of c	organization		Employer identification number
PERMISSION TO START DREAMING FOUNDATION			27-5251886
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1	SUBARU OF PUYALLUP		Person X Payroll
	720 RIVER ROAD PUYALLUP, WA 98371	\$5,0	00. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2	SKOOKUM CONTRACTOR SERVICES		Person X Payroll
	PO BOX 5359 BREMERTON, WA 98312	\$14,0	55. Noncash (Complete Part II for noncash contributions.)
(-)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3	AERO PRECISION		Person X Payroll
	2320 COMMERCE	\$\$\$\$\$\$\$	
	<u>TACOMA, WA 98402</u>		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4	WASHINGTON PATRIOT CONSTRUCTION INC		Person X Payroll
	PO BOX 339	\$8,4	50. Noncash
_	GIG HARBOR, WA 98335		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
5	TOTE MARITIME ALASKA LLC		Person X Payroll
	<u>PO BOX 4129</u>	\$0,0	45. Noncash
	FEDERAL WAY, WA 98063		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6	DENNIS AND KATHRYN DRISCOLL		Person X
	1402 PALM AVE SW	\$5,0	Payroll     00.   Noncash

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

### PEE

Page **2** 

Name of organization

Employer identification number

27-5251886

### PERMISSION TO START DREAMING FOUNDATION

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	HERITAGE BANK 909 A ST TACOMA, WA 98402	\$ <u>5,100.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	CALEB AND ELIZABETH HOLMES 6929 WHITMORE DR NW GIG HARBOR, WA 98335	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	JOHN SCHNEIDER 11220 NORTH EAST 53RD ST KIRKLAND, WA 98033	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>   10</u>	BEN SEHER 3818 HORSEHEAD BAY DR NW GIG HARBOR, WA 98335	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>    11    </u>	CHUCK ARNOLD       11220 NORTH EAST 53RD ST       KIRKLAND, WA 98033	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	MICHAEL TRAUGUTT 10421 BURNHAM DR BLDG 5 GIG HARBOR, WA 98332	\$ <u>57,731.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

PERMI	SSION TO START DREAMING FOUNDATION	27-5251886	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
	KIA EVERETT 229 SW EVERETT MALL WAY EVERETT, WA 98204	\$15,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
14_	ARICA VALONA 7215 35TH ST NW GIG HARBOR, WA 98335	\$6,0	Person       X         Payroll       Noncash         OO.       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
15	JON SCOTT SABO 3408 115TH AVE NW GIG HARBOR, WA 98335	\$10,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
16	CANDACE ERICKSON 6575 KIMBALL DRIVE NW GIG HARBOR, WA 98335	\$5,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person       Payroll         Payroll       Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Page **2** 

Schedule B (Form 990) (2021)

(a)

No.

from

Part I

(a)

No.

from

Part I

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

## PERMISSION TO START DREAMING FOUNDATION

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

(b)

(b)

Description of noncash property given

(b)

Description of noncash property given

(a)

No.

Employer identification number

(d)

27-5251886

(c)

FMV (or estimate)

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

\$

\$

(d)

**Date received** 

(d)

Date received

	(Form 990) (2021)				Page <b>4</b>
Name of orga	anization				Employer identification number
PERMISS	SION TO START DREAMING	FOUNDATION			27-5251886
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations descri ) through (e) and the followir charitable, etc., contributions of \$	a line entry. For a	ragnizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
-		(e) Transf	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R(	elationship of tra	nsferor to transferee
- - (a) No.					
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfo nd ZIP + 4		elationship of tra	nsferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
		(e) Transfe	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R(	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	R(	elationship of tra	nsferor to transferee
-					

SCHEDULE D	)
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Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047
2024
2021
Open to Public
Inspection

Name of the organization

PERMISSION TO START DREAMING FOUNDATION

Employer identification number 27-5251886

organization answered 'Yes' on Form 990, Part IV, line 6.     (a) Donor advised funds     (b) Funds and other accounts     Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of contributions to (during year)     Aggregate value of contributions and donor advisors in writing that the assets held in donor advised funds     are the organization inform (during year)     Aggregate value of contributions and donor advisors in writing that grant funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring     impermissible private benefit?     Purpose(b) oroneervation easements held by the organization in severed 'Yes' on Form 930, Part IV, line 7.     Purpose(b) oroneervation easements held by the organization in the funds can be used only     for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring     impermissible private benefit?     Purpose(b) oroneervation easements held by the organization in the organization in the form 930, Part IV, line 7.     Purpose(b) or conservation assements held by the organization in the form of a certified historic structure     Preservation of land to public use for example, recreation or education     Preservation of acentration easements     2	Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of antis tom (during year) 4 Aggregate value of antis tom (during year) 6 Dot the organization inform all donors and doorn advisors in writing that the assets held in door advised funds are the organization inform all donors and doorn advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring imperminable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring imperminable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring imperminable purposes and not for the benefit of the organization in answered "Yes" on Form 960, Part IV, line 7. Particle Conservation easements the dby the organization nawered "Yes" on Form 960, Part IV, line 7. Purpose(s) of conservation easements the dby the organization answered "Yes" on Form 960, Part IV, line 7. Purpose(s) of conservation easements the dby the organization in the tappy). Protection of natural habitat Protection of natural habitat Protection of conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. 2 Aumber of conservation easements in a certified historic structure 2 Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the sax year. 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year isset in the National Register. 5 Does the organization have a written policy regaring the periodic monitoring, inspection, handling of violations, and enforcing conservation easem		organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
2 Aggregate value of contributions to (during year) 4 Aggregate value of control (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of and values in grant funds can be used only for charitable purposes and not for the benefit of the donor of and advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of and advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of and advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of and advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors of range of the advisor of a historically inportant land area Protection of natural habita Proservation fastements. Complete if the organization held a qualified conservation contribution in the form of a corservation easements Protection of conservation easements Total aureager estificited by conservation easements modified, thansfered, released, extinguished, or terminated by the organization during the tax year Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements in biotice Number of conservation easements modified, transfered, released, extinguished, or terminated by the organization during the year No So the organization have a writ			(a) Donor advised funds	(b) Funds and other accounts		
3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) b dt he organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisely berivate benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements hald by the organization (facks all that apply). Protection of an atrual habitat Protection of a lastrol habitation structure Protection of a natural habitat Protection of a natural habitat Protection of an atrual habitat Protection of answere property advisor easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in a certified historic structure 2 Tatal number of conservation easements 3 Number of conservation easements and exertified historic structure listed in the Ration and the flat of the End of the Tax Year 3 Number of conservation easements included in (a) caquified conservation conservation easements and exertified historic structure listed in the National Register 3 Number of conservation easements and exertified historic structure listed in the National Register 4 Number of states where property subject to conservation easement is located by Yeas No 6 Statt and volunteer hours deviced to monitoring, inspecting, inspection, handling of violations, and enforcing conservation easements and flat dy above satisty the requirements of section 170(h)(k(B))) and section 1	1	Total number at end of year				
A Aggregate value at end of year	2	Aggregate value of contributions to (during year)				
6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	3	Aggregate value of grants from (during year)				
are the organization's property, subject to the organization's exclusive legal control?       Image: the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor of donor advisor, or for any other purposes conferring important suble private banefit?       Image: the organization inform all grantees, donors, and donor advisor, or for any other purposes conferring important land area important is the sevention of a latio for public uses (for example, recreation or education)       Image: the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements. Complete if the organization (check all that apply).       Image: the organization answered "Yes" on Form 990, Part IV, line 7.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       Image: the organization answered "Yes" on Form 990, Part IV, line 7.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements.       Image: the organization answered "Yes" on Form 990, Part IV, line 7.         4       Number of conservation easements included in (a)       Image: the organization answered "Yes" on Form 990, Part IV, line 7.       Image: the organization have a written policy acquired atter 7/25/00; and not on a historic structure included in (b)         3       Number of conservation easements included in (b) acquired atter 7/25/00; and not on a historic structure       Image: theorganization have a written policy regarding the periodic monito	4	Aggregate value at end of year				
G     Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?     Part DCONSERVATION EASEMENTS. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.     Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of a land for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of and for public use (for example, recreation or education)    Preservation of a certified historic structure     Preservation of a penses assements held a qualified conservation contribution in the form of a conservation easements     the organization held a qualified donservation contribution in the form of a conservation easements     the and of the Tax Year     Total number of conservation easements     a certified historic structure included in (a)         2a         2a         4         Number of conservation easements included in (c) acquired after 7/2506, and not on a historic structure         2d         4         Number of conservation easements included in (c) acquired after 7/2506, and not on a historic structure         2d         4         Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year	5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fun	ds		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring       Yes       No         Part I       Conservation Easements. Accomplete if the organization answered "Yes" on Form 980, Part IV, line 7.       Purpose(6) of conservation easements held by the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a of the public use (for example, recreation or education)       Preservation of a conservation easements includes of a qualified conservation contribution in the form of a conservation easement on the last         dy of the tax year.       I total number of conservation easements included in (c) aquifed after 7/25/06, and not on a historic structure       Import of conservation easements included in (c) aquifed after 7/25/06, and not on a historic structure         dy Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Import of a states where property subject to conservation easements in located >       Monter of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year       S       No       S         4       Nu						
Impermissible private benefit?       Yes       No.         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Imperative the organization (check all that apply).       Preservation of and for public use (for example, recreation or education)       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year.       Itel at the End of the Tax Year         Total number of conservation easements included in (c) aquired after 7/25/00, and not on a historic structure       Itel at the End of the Tax Year         A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.       Itel at the End of the Tax Year         A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year indication have a written policy regarding the periodic montoring, inspection, handling of violations, and enforcing conservation easements during the year         Y       A number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements in tolds?       No         G Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements are holds?       No         G Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements in the r	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only		
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 390, Part IV, line 7.            Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of a dot or public use (for example, recreation or education)         Preservation of a network held that area         Preservation of a network held of public use (for example, recreation or education)         Preservation of a certified historic structure         Preservation of a conservation easement on the last         day of the tax year.            a Total number of conservation easements               2a               Held at the End of the Tax Year		for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confer	ring		
1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 20 if the organization held a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Total acreage restricted by conservation easements       2a         D       Total acreage restricted by conservation easements       2a         d       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2a         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4       Number of states where property subject to conservation easement is located >       2d         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         *	<b>D</b> -					
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□       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last         day of the tax year.       Idel at the End of the Tax Year         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2a         c Number of conservation easements in a cortified historic structure included in (a)       2c         d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax         year ▶						
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. I Total number of conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 2 dual			Preservation of a cert	tified historic structure		
day of the tax year.       Held at the End of the Tax Year         a Total number of conservation easements       2a         2b Total acceage restricted by conservation easements       2b         c Number of conservation easements in cluded in (a) carging at the National Register       2c         3 Number of conservation easements included in (a) carging at the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4 Number of states where property subject to conservation easement is located >						
a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements included in (a)       2c         d Number of conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure       2d         3 Number of conservation easements included in (b) acquired after 7/25/06, and not on a historic structure       2d         2 A number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       2d         4 Number of states where property subject to conservation easement is located >	2		fied conservation contribution in the form of a co			
b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure   isted in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b   4 Number of states where property subject to conservation easement is located    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located    6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year <b>b</b>						
c       Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register       2c         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶         4       Number of states where property subject to conservation easement is located ▶         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization ascered "Yes" on Form 990, Part IV, line 8.         18       If the organization answered "Yes" on Form 990, Part IV, line 8.       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:         19       If the organization elected, as permit	-					
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure isted in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶						
listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶				20		
<ul> <li>3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶</li></ul>	a			24		
year	2					
<ul> <li>A Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizations accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in</li></ul>	3		leased, extinguished, or terminated by the organ	lization during the tax		
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▶</li></ul>	4		sement is located			
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Yes No</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	5					
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>▲</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>♦ \$</li> <li>B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>Yes</li> <li>No</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amo</li></ul>	•					
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	6					
<ul> <li>\$</li></ul>		►	5	5 ,		
<ul> <li>\$</li></ul>	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year		
and section 170(h)(4)(B)(ii)?       Yes       No         9       In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included in Form 990, Part X</li> <li>\$</li> <li>(iii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(ii) Assets included on Form 990, Part X</li> <li>\$</li> <li>(b) Assets included on Form 990, Part X</li> <li>\$</li> <li>(c) Assets included on Form 990, Part X</li> <li>\$</li> <li>(c) Assets included on Form 990, Part X</li> <li>\$</li> <li>(c) Assets included on F</li></ul>				с ,		
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>4 Sets included in Form 990, Part X</li> <li>5 Support to the provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on F</li></ul>	8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B	)(i)		
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> <li>\$</li> </ul> </li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>		and section 170(h)(4)(B)(ii)?		Yes No		
organization's accounting for conservation easements.         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:         (i)       Revenue included on Form 990, Part X         2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:         a       Revenue included on Form 990, Part X         b <t< th=""><th>9</th><th></th><th></th><th></th></t<>	9					
Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.         1a       If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.         b       If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:          (i) Revenue included on Form 990, Part VIII, line 1          (ii) Assets included in Form 990, Part X          \$ \$          2       If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:          a       Revenue included on Form 990, Part X         b          \$		balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
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<ul> <li>of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> </ul> </li> </ul>		Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
<ul> <li>service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>\$</li> <li>Assets included in Form 990, Part X</li> </ul> </li> </ul>	1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	ance sheet works		
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>		of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
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<ul> <li>provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b \$</li></ul>	b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>			e exhibition, education, or research in furtheranc	e of public service,		
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<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>				<b>N</b> A		
the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	~					
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> <li>\$</li> </ul>	2			provide		
b Assets included in Form 990, Part X 🕨 \$			-			
				· • •		

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

		ION TO STA						27-52	<u>5188</u>	6 р	<sub>age</sub> 2
	t III Organizations Maintaining C								(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	0			hange progra						
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrangereported an amount on Form 990, Par		lete if the	e organizatio	n answered '	"Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi								٦	_	٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:					A		
									Amoun	t	
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
t	Ending balance								7.		<b>_</b>
	Did the organization include an amount on Fe						• • • • • • • • • • • • • • • • • • • •	L	Yes	-	No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										
		(a) Current year		Prior year	(c) Two year		(d) Three y	ears hack	(e) Fou	r vears	hack
1a	Beginning of year balance	(u) ourient your	(2)!	nor your		lo buon	(u) 11100 )	ouro suon	(0) 1 00	youro	buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1c	n column (a	) held as:						
	Board designated or quasi-endowment		%	, column (a							
	Permanent endowment	%									
		/°									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for th	ne organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr			or other (other)		ccumulate preciation		( <b>d)</b> Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			4	0,979.		3,5	01.	3	7,4	78.
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	<u>nn (B). line 1</u>	0c.)				3	7,4	78.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	a 11b. See Form 990. Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-ye	ear market value
(1)	(~) DOON VAIUE		Sai manter value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	▶	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements that re	ports the

PERMISSION TO START DREAMING FOUNDATION

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

27-5251886 Page 3

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 PERMISSION TO START DRE	AMING FOUNDATION	27-5251886 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	)	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.</u> )	
Pa	t XIII Supplemental Information.		

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

SCHEDULE G	Suppleme	ntal Inform	ation Regar	ding Fu	ndrai	sing	or Gaming A	ctiv	ities	OMB No. 1545-0	)047
(Form 990)							IV, line 17, 18, o 90-EZ, line 6a.	r 19,	or if the	<b>202</b> <sup>-</sup>	1
Department of the Treasury Internal Revenue Service	Ν.	F	Attach to For							Open to Pub Inspection	lic
Name of the organization		to www.irs.g	ov/Form990 fo	r instructi	ons ar	id the	latest informati	on.	Employer i	dentification nu	umbor
		ΤΟΝ ΤΟ	START DR	EAMTN	G F(	זאנזכ	νοττα		27-525		
Part I Fundrais	ing Activities.							ine 1			
	complete this part						,				
1 Indicate whether the	e organization rais	ed funds thro		•			,				
a Mail solicitat						•	rnment grants				
	email solicitations			olicitation							
c Phone solici d In-person so			g 🛄 S	pecial lun	uraisin	y ever	115				
2 a Did the organization		r oral agreeme	ent with any indi	vidual (inc	luding	officer	rs, directors, trus	tees,	or		
key employees list	ed in Form 990, Pa	art VII) or entit	y in connection	with profe	ssiona	fundr	aising services?		<b>Y</b>	es 🗌 I	No
<b>b</b> If "Yes," list the 10	•		ies (fundraisers)	pursuant	to agre	emen	ts under which th	ne fui	ndraiser is to	be	
compensated at le	ast \$5,000 by the	organization.									
(i) Name and addres	s of individual			f	( <b>iii)</b> Did Indraiser	(iv)	Gross receipts	(v)	Amount paid or retained by	(vi) Amount	paid
or entity (func		(	i) Activity	hav	/e custod control d	y f	from activity		fundraiser	to (or retain)	
					tributions	_		lis	ted in col. (i)		
				Ye	es No	2					
					_	_					
					-						
					_	_					
					_	_					
						_					
Total											
3 List all states in whi	ch the organizatio	n is registered	or licensed to s	olicit cont	ributio	ns or h	nas been notified	it is	exempt from	registration	
or licensing.		0				-				-	

#### 27-5251886 Page 2 PERMISSION TO START DREAMING FOUNDATION

Part II

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.													
			SOLDIER	(b) Event #2 SWING FOR A SOLDIER	(c) Other events	(d) Total events (add col. (a) through col. (c))								
e			(event type)	(event type)	(total number)									
Revenue	1	Gross receipts	59,740.	215,860.	16,851.	292,451.								
	2	Less: Contributions	59,370.	170,265.	16,851.	246,486.								
	3	Gross income (line 1 minus line 2)	370.	45,595.		45,965.								
	4	Cash prizes		2,715.	5,430.	8,145.								
	5	Noncash prizes			1,553.	1,553.								
Direct Expenses	6	Rent/facility costs	13,895.	37,596.		51,491.								
ect Ex	7	Food and beverages												
Dir	8	Entertainment												
	9	Other direct expenses	27,798.	49,167.	7,144.	84,109.								
		Direct expense summary. Add lines 4 through	( )		►	145,298.								
		Net income summary. Subtract line 10 from li				-99,333.								
Ра	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than									
a)		\$13,000 011 F0111 990-EZ, inte da.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add								
Revenue			( <b>u</b> ) Dillige	bingo/progressive bingo		col. (a) through col. (c))								
Šeč														
-	1	Gross revenue												
ses	2	Cash prizes												
Expen:	3	Noncash prizes												
Direct Expenses	4	Rent/facility costs												
	5	Other direct expenses												
			Yes %	Yes %	Yes %									
	6	Volunteer labor	No	No	No									
	7	Direct expense summary. Add lines 2 through	5 in column (d)											

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

132082 10-21-21

Yes

No

No

Sch	nedule G (Form 990) 2021	PERMISSION	то	START	DREAMING	FOUNDATION	27-5	251886	Page 3
11	Does the organization conduct ga							Yes	No
	Is the organization a grantor, ben	eficiary or trustee of a tr	ust, c	or a member	of a partnership o	or other entity formed		<b>—</b>	<u> </u>
	to administer charitable gaming?							Yes	No No
	Indicate the percentage of gamin								
	a The organization's facility							13a	%
	b An outside facility Enter the name and address of th							13b	%
14	Enter the name and address of th	e person who prepares	the o	rganization	s gaming/special	events books and reco	rus.		
	Name								
	Address 🕨								
15a	a Does the organization have a con	tract with a third party f	rom v	whom the or	ganization receive	es gaming revenue?		. Ves	No No
ł	b If "Yes," enter the amount of gam	ing revenue received by	/ the	organization	▶ \$	and the an	nount		
	of gaming revenue retained by the	e third party 🕨 \$							
Ċ	c If "Yes," enter name and address	of the third party:							
	Name 🕨								
	Address 🕨								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation	▶ \$							
	Description of services provided								
	Director/officer	Employee		Indep	endent contractor				
17	Mandatory distributions:								
á	a Is the organization required under	r state law to make char	ritable	e distributior	ns from the gaming	g proceeds to			
	retain the state gaming license?							Yes	No No
ł	<b>b</b> Enter the amount of distributions	required under state lav	v to b	oe distribute	d to other exempt	organizations or spent	in the		
De	organization's own exempt activit						<u> </u>		
Fa	<b>Supplemental Infor</b> 15b, 15c, 16, and 17b, as						i); and Par	t III, lines 9,	9b, 10b,
	150, 150, 16, 10, and 170, as		ie any	yadditionar					

Schedule G	(Form 990)	PERMISSION	то	START	DREAMING	FOUNDATION	27-5251886	Page 4
Part IV	(Form 990) Supplemental Inform	mation (continued)						

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations.		1	OMB No. 154	5-0047
(Form 990)		Go	vernments, an	nd Individua	ls in the Ŭni	ted States			202	<u>۱</u>
Department of the Treasury		Compl	ete if the organizatio	n answered "Yes' Attach to For		rt IV, line 21 or 22.			Open to P	
Internal Revenue Service			Go to www.ir	•	or the latest inform	nation.			Inspect	
Name of the organization		N TO STAR	T DREAMING	FOUNDATIO	N			Employer ide	entification 27-5252	
Part I General In	formation on Grants a									
	ation maintain records t								Yes	No
2 Describe in Part I	ward the grants or assis V the organization's pro	stance?	oring the use of grant	funds in the United	l States				Yes	
Part II Grants and	I Other Assistance to at received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "	/es" on Form 990, Par	t IV, line 21, fo	rany	
	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of gra assistance	int
2 Enter total number	er of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table						
	er of other organizations							<b>)</b>		
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule	e I (Form 99	JU) 2021

Part IV

#### Schedule I (Form 990) 2021 PERMISSION TO START DREAMING FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MENTAL HEALTH COUNSELING	10	7,750.	0.		

27-5251886

Page **2** 

SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



27-5251886

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

TRANSFORMATIVE CARE THAT WILL STRENGTHEN THEIR LIVES AND THEIR FAMILIES

PERMISSION TO START DREAMING FOUNDATION

WELL IN TO THE FUTURE.

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

WARRIOR PATHH (PROGRESSIVE & ALTERNATIVE TRAINING HELPING HEROES) IS

OUR NATION'S FIRST NON-CLINICAL, PEER-TO-PEER PROGRAM DESIGNED TO

CULTIVATE AND FACILITATE POSTTRAUMATIC GROWTH.

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

EXECUTIVE DIRECTOR LESLIE MAYNE HAS HER SON-IN-LAW, SETH STORSET ON THE

BOARD. BOARD DIRECTORS CHRISTER BRADLEY AND FENNY FRIIS ARE HUSBAND AND

WIFE.

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

FORM 990 WILL BE REVIEWED AND APPROVED AT THE BOARD OF DIRECTORS MEETING

BEFORE THE RETURN IS FILED

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

THE INDEPENDENT BOARD APPROVES COMPENSATION AFTER A REVIEW OF THE ANNUAL

OPERATING BUDGET AND CONSIDERATION OF COST OF LIVING ADJUSTMENTS.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

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

Schedule O (Form		<u> </u>							Page
Name of the organ	Ization	PERM	ISSION	то	START	DREAMING	FOUNDATIO	N	Employer identification number 27-5251886
DOCUMENTS	ARE	MADE	AVAIL	ABLE	UPON	REOUEST			

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	SHREDDER	04/16/15	200DB	7.00	НУ	17	450.				450.	390.		40.	430.
2	IMAC COMPUTER	04/16/15	200DB	5.00	НУ	17	1,422.				1,422.	1,422.		٥.	1,422.
4	MICROSOFT COMPUTER	05/27/21	SL	5.00		16	2,093.				2,093.			244.	244.
5	COMPUTER	06/03/21	SL	5.00		16	2,283.				2,283.			266.	266.
6	STRENGTH TRAINING EQUIPMENT	07/07/21	SL	7.00		16	10,231.				10,231.			731.	731.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						16,479.				16,479.	1,812.		1,281.	3,093.
	TRANSPORTATION EQUIPMENT														
3	(D)2010 TACOMA TRUCK	03/15/15	200DB	5.00	НУ	17	20,100.				20,100.	20,100.		٥.	20,100.
7	2017 SUBARU OUTBACK	11/19/21	SL	5.00		16	24,500.				24,500.			408.	408.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						44,600.				44,600.	20,100.		408.	20,508.
	* GRAND TOTAL 990 PAGE 10 DEPR						61,079.				61,079.	21,912.		1,689.	23,601.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						21,972.			0.	21,972.	21,912.			21,952.
	ACQUISITIONS						39,107.			0.	39,107.	٥.			1,649.
	DISPOSITIONS/RETIRED						20,100.			0.	20,100.	20,100.			20,100.
	ENDING BALANCE						40,979.			0.	40,979.	1,812.			3,501.

128111 04-01-21

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											3,501.			
	ENDING BOOK VALUE											37,478.			

128111 04-01-21

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type of print	PERMISSION TO START DREAMING FOUNDATION				Taxpayer identification number (TIN)				
File by th due date filing you return. S	for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructio									
Enter the Return Code for the return that this application is for (file a separate application for each return)									
Application			Application			Return			
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	069					
Form 990-T (trust other than above)			Form 8870			12			
Form §	990-T (corporation) LESLIE MAYNE -	07							
Telephone No. ▶       253-565-5637       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         box ▶       . If it is for part of the group, check this box ▶       and attach a list with the names and TINs of all members the extension is for.         1       I request an automatic 6-month extension of time until       NOVEMBER 15, 2022       , to file the exempt organization return for the organization named above. The extension is for the organization's return for:         ▶       X       calendar year 2021       or         ▶									
i	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.			3a	\$	0.			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year overp	3b	\$	0.					
-	Balance due. Subtract line 3b from line 3a. Include your part			30	Ψ	<u> </u>			
	using EFTPS (Electronic Federal Tax Payment System). See	3c	s	0.					
	n: If you are going to make an electronic funds withdrawal				d Form 8879-TE fo	-			

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.