(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

must use			115.			
Part I - Id	entification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identification nu	mber (TIN)
Print						
File by the	PERMISSION TO START DREAMIN	IG FOU	NDATION		27-52518	386
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
filing your return. See	3733 ROSEDALE STREET NW, #1	.00				
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	GIG HARBOR, WA 98335					
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applicatio	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
	u enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable o	nlv for an	extension of	
	e Form 5330.		, , , , , , , , , , , , , , , , , , , ,	,		
	oplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
-	Name		-			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	Itomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)			
	oks are in the care of LESLIE MAYNE					
		REET N	W, #100 - GIG HARE	BOR, W	IA 98335	
Teleph	one No. 253-565-5637		Fax No.			
	rganization does not have an office or place of business	in the Un				
	s for a Group Return, enter the organization's four-digit (
	If it is for part of the group, check this box					
	quest an automatic 6-month extension of time until N					
	organization named above. The extension is for the organization				ipt organization r	
X	calendar year 20 23 or					
	tax year beginning	20	and ending			20
		, 20 _	, and onding		<u> </u>	20
2 If th	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n	
<u> </u>	Change in accounting period	1001 10050				
 3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
		, enter the	וכוונמוזים ומא, וכסס	3a	\$	0.
	nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069	optor op	rofundable credite and	3d	φ	
				2	¢	0.
	mated tax payments made. Include any prior year overp			<u>3b</u>	\$	
	ance due. Subtract line 3b from line 3a. Include your pa	-		0-	¢	0.
usir	ng EFTPS (Electronic Federal Tax Payment System). See	Instructio	115.	3c	\$	0.

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

Form 990)
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EXTENDED TO NOVEMBER 15, 2024 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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 23 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

ΑF	or the	2023 calendar year, or tax year beginning and	ending		
	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addre	PERMISSION TO START DREAMING FOUNDATIO	N		
	Name chang			27-52518	86
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	3733 ROSEDALE STREET NW, #100		253-432-	
	termin ated			G Gross receipts \$	2,242,915.
	Ameno return	GIG HARBOR, WA 98335		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: DEGLIE MATNE		for subordinates	? Yes X No
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u>I</u> T	ax-exe	empt status: $X 501(c)(3) 501(c)(0)$ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: 🔀 Corporation 📄 Trust 🦳 Association 🦳 Other	L Year	of formation: 2013 N	I State of legal domicile: WA
Pa	rt I	Summary			
e		Briefly describe the organization's mission or most significant activities:			
Governance		FOUNDATION IS COMMITTED TO BRINGING OUR N			
erna	_	Check this box if the organization discontinued its operations or dispos	sed of more		
jove					10
		Number of independent voting members of the governing body (Part VI, line 1b)			10
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			15
Activities &		Total number of volunteers (estimate if necessary)			542
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
				Prior Year 1,109,568.	Current Year 2,066,295.
ne		Contributions and grants (Part VIII, line 1h)		5,010.	8,635.
Revenue		Program service revenue (Part VIII, line 2g)		1,009.	787.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,509.	-16,687.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,150,096.	2,059,030.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
				0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		590,304.	855,605.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)265, 5	30.	••	
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		556,232.	683,477.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,146,536.	1,539,082.
		Revenue less expenses. Subtract line 18 from line 12		3,560.	519,948.
or			Be	ginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)		473,837.	993,785.
Ass d Ba	21	Total liabilities (Part X, line 26)		0.	0.
Fund		Net assets or fund balances. Subtract line 21 from line 20		473,837.	993,785.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	nts, and to the best of my	knowledge and belief, it is
truo	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
uuc,					

Sign	Signature of officer			Date
Here	LESLIE MAYNE, FOUNDING DI	RECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	LYNNAE S. FRITZ	LYNNAE S. FRITZ		/24 self-employed P01270987
Preparer		.S.		Firm's EIN 20-5018267
Use Only	Firm's address 1102 BROADWAY, SU	ITE 400		
	TACOMA, WA 98402			Phone no. 253 - 830 - 5450
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23		Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
	INEIR DIVES AND THEIR FAMILIES WELD IN TO THE FOTORE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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	(Code:) (Expenses \$17,526. including grants of \$) (Revenue \$8,635.)
	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 \$ 848,271 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 \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<u> </u>	(Expenses \$ 222,445. including grants of \$) (Revenue \$) Total program service expenses 1,088,242.
4e	Total program service expenses 1,088,242.

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)?		163	
•		1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ		3		х
4	public office? If "Yes," complete Schedule C, Part I 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			
Ŭ	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	L		
Ū	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,	<u> </u>		
•	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	<u> </u>		
•	Schedule D, Part III	8		x
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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		х
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		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

 Form 990 (2023)
 PERMISSION TO START DREAMING FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┝───
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	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	0.51		x
00	Schedule L, Part I	25b		<u>^</u>
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%	26		x
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
27	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
00		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	00		·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6		_	
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
	filed for the calendar year ending with or within the year covered by this return	2a 1	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		_	Х	
					x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				1
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccounts (FBAR).			
5a		, , ,	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly as a contributi	vices provided to the payor	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
	to file Form 8282?		7c		X
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 co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
B	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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		-
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				+
~	Is the organization licensed to issue qualified health plans in more than one state?		13a	1	1

	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 13b		
с	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
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	
	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	
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.		

Х

Х

х

Form 990 (2023)

PERMISSION TO START DREAMING FOUNDATION

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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 10							
	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 10							
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?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	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:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
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	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
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 <u>WA</u>							
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) a	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	financ	ial					
	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, GIG HARBOR, WA 98335							

Form 990 (7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	_							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	_							
	1. Complete this table for all persons required to be listed. Report compensation for the calendar year anding with an within the organization's tax year								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of 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) Name and title	(B) (C) Average hours per week week						n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) STEVE EASTON	40.00							156 050		0
EXECUTIVE DIRECTOR	40.00			X				156,250.	0.	0.
(2) LESLIE MAYNE	40.00			37					0	2 0 2 0
FOUNDING DIRECTOR (3) ALEC ZARELLI	3.00			X				80,000.	0.	3,939.
(3) ALEC ZARELLI TREASURER	3.00			x				0.	0.	0.
(4) MIKE MITCHELL	3.00									
DIRECTOR		х						0.	Ο.	0.
(5) TRISH HUFF	3.00									
DIRECTOR		х						0.	Ο.	0.
(6) PACKY RIEDER	3.00									
SECRETARY				Х				0.	0.	0.
(7) CAMERON SMITH	3.00									
DIRECTOR		Х						0.	0.	0.
(8) JUSTIN UHLER	10.00									
PRESIDENT				X				0.	0.	0.
(9) JASON EMERSON	3.00									
DIRECTOR		Х						0.	0.	0.
(10) NINO GRAY JR. DIRECTOR	3.00	x						0.	0.	0.
(11) SETH STORSET	3.00									
VICE PRESIDENT		1		x				0.	Ο.	0.
(12) MIKE FLOOD	3.00									
DIRECTOR		х						0.	0.	0.
		-								
		1								
							•			000

Form Par									FOUNDATION	27-5	251	886	P	age 8
Fan	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average hours per week	(do box	not c , unle:	(C Posi heck i ss per	C) ition more rson i		ne an	ompensated Employee (D) Reportable compensation from	(continued) (E) Reportable compensation from related		an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	com fr org and	pensa om th anizat d relat anizati	ie tion ted
			-											
			•						0.25 0.50		•		2 0	2.0
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							236,250. 0. 236,250.		0.0.0.		3,9	39. 0. 39
	Total number of individuals (including but n compensation from the organization									000 of reportable				1
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	1		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t			3	37	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	isati	on fr	rom	any	unre	late	ed organization or individ	dual for services		4	X	x
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-										5		
	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		pensat			
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C ompe		n
								_						
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		ot lir	niteo	d to f	thos (ted	above) who received mo	ore than				

				O START D	REAMING FOU	JNDATION	27-5251	886 Page 9
Pa	rt VII	Statement of Rev	enue					
		Check if Schedule O co	ontains a respon	se or note to any lir		(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
nts nts	1 a	Federated campaigns			-			
àrai our	b		1 b		-			
a, (Am	С	• • • • • • • • • • • • • • • • • • • •		282,199.	-			
Gifi Iar	d	Related organizations	1d		-			
imi	е	Government grants (contrib		L,489,399.	-			
er S	f	All other contributions, gifts, g						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included a		294,697.	-			
onti od (g	Noncash contributions included in lir						
<u>a</u> C	h	Total. Add lines 1a-1f			2,066,295.			
	_			Business Code	0.625	0.625		
ice	2 a	PRAYER BREAKFA	AST	900099	8,635.	8,635.		
erv	b							
n S 'eni	С							
Jrar Rev	d							
Program Service Revenue	е							
Δ.	•	1 5			0 6 2 5			
	g				8,635.			
	3	Investment income (includi			787.			787.
					/0/.			/0/.
	4	Income from investment of	-	-				
	5	Royalties	(i) Real	(ii) Personal				
	•	0		(II) Personal	-			
	_		<u>6a</u>		-			
	b	· ··· -	6b		-			
	C A		6c					
		Net rental income or (loss). Gross amount from sales of	(i) Securitie	s (ii) Other				
	/ a		7a		-			
	h	Less: cost or other basis	14		1			
e	U U		7b					
venue	~		7c		-			
		Net gain or (loss)						
er F		Gross income from fundraising	Г					
Other Re	• -	including \$ 282						
•		contributions reported on li						
		Part IV, line 18	<i>'</i>	8a167,198.				
	b	Less: direct expenses		вы 183,885.				
	с	Net income or (loss) from fu		S	-16,687.			-16,687.
	9 a	Gross income from gaming						
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from g						
	10 a	Gross sales of inventory, le	ss returns					
		and allowances	·····	10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from s	ales of inventory					
6				Business Code				
e e	11 a			_				
ane	b			_				
Miscellaneous Revenue	с			_				
Mis(B	d	All other revenue						
-	е	Total. Add lines 11a-11d					-	
	12	Total revenue. See instruction	IS		2,059,030.	8,635.	0.	-15,900.

				(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	236,250.	156,515.	31,115.	48,620.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	615,416.	407,712.	81,053.	126,651.
8	Pension plan accruals and contributions (include	,		,	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,939.	2,610.	519.	810.
10	Payroll taxes		•		
11	Fees for services (nonemployees):				
a	Management				
b	Legal	105.		105.	
	Accounting	22,255.		22,255.	
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	63,965.	7,365.	1,272.	55,328.
13	Office expenses	130,324.	84,549.	37,285.	8,490.
14	Information technology	870.	870.	,	•
15	Royalties				
16	Occupancy	153,265.	153,265.		
17	Travel	63,491.	63,491.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,238.			7,238.
23	Insurance	10,475.	10,475.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM EXPENSES	112,731.	109,063.	2,333.	1,335.
b	OTHER EMPLOYEE RELATED	71,166.	47,147.	9,373.	14,646.
с	MEALS	16,145.	16,145.		
d	COMMUNITY OUTREACH	12,867.	12,867.		
е	All other expenses	18,580.	16,168.		2,412.
25	Total functional expenses. Add lines 1 through 24e	1,539,082.	1,088,242.	185,310.	265,530.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2022)

PERMISSION TO START DREAMING FOUNDATION

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

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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17

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of Schedule D

Liabilities

Net Assets or Fund Balances

Form	i 990 (2		STARI	DREAMING F	OUNDATION
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or not	e to any li	ne in this Part X	
					(A) Beginning of year
	1	Cash - non-interest-bearing			212,210.
	2	Savings and temporary cash investments			230,407.
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net			
	5	Loans and other receivables from any current or			
		trustee, key employee, creator or founder, subst			
		controlled entity or family member of any of the			
	6	Loans and other receivables from other disquali	fied perso	ns (as defined	
		under section 4958(f)(1)), and persons described			
ts	7	Notes and loans receivable, net			
Assets	8	Inventories for sale or use			
◄	9	Prepaid expenses and deferred charges			1,000.
	10a	3, 3, 1,		40 500	
		basis. Complete Part VI of Schedule D		40,529.	
		Less: accumulated depreciation		17,547.	30,220.
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line 1			
	13	Investments - program-related. See Part IV, line			
	14	Intangible assets			
	15	Other assets. See Part IV, line 11			472 027
	16	Total assets. Add lines 1 through 15 (must equ	al line 33)		473,837.

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

X

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

controlled entity or family member of any of these persons

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

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

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6 7

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32

33

0.

401,470.

473,837.

473,837.

72,367.

(B) End of year

778,951.

190,852.

1,000.

22,982.

993,785.

Form 990 (2023)

993,785. 993,785.

335,020.

658,765.

0.

Form	990 (2023) PERMISSION TO START DREAMING FOUNDATION	27-5	251886	Pag	_{ge} 12
Pa	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	2,059	,03	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,539		
3	Revenue less expenses. Subtract line 2 from line 1	3	519		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	473	, 83	<u>37.</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	993	,78	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	·····		
				/es	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u>X</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				
	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 Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form 990 (2023)

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
2023
Open to Public Inspection

Name of the organization	
--------------------------	--

Employer identification number

		PERM	ISSION TO S	START DREAMI	NG FOU	JNDATI	ION	2	7-5251886			
Pa	rt I	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only (one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).					
4		A medical research organization	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 coll	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 i	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 agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10	X	An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		income and unrelated busir	ness taxable income ((less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusiv	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or			
		more publicly supported or	ganizations described	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on			
		lines 12a through 12d that	describes the type of	supporting organization	n and com	olete lines	12e, 12f, and	12g.				
а		Type I. A supporting orga		-	• • •	-						
		the supported organization			majority o	f the direc	tors or truste	es of the su	pporting			
		organization. You must c	-									
b		Type II. A supporting org	-				-		•			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
С		Type III functionally inte						ly integrate	ed with,			
		its supported organization		-								
d		J Type III non-functionally		• •				°.				
		that is not functionally int			•		-	an attentiv	/eness			
		requirement (see instructi		-								
е		Check this box if the orga					турет, туре	i, iype iii				
	Ente	functionally integrated, or										
f		er the number of supported on vide the following information	•	d organization(s)								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng aocument?	support (see ir	structions)	support (see instructions)			
				above (see instructions)	100	110						
Tota	1											

Schedule A (Form 990) 2023 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.)

<u>Sec</u>	tion A. Public Support	-	-		-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	L	L	4	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					· · · ·	
	organization, check this box and stor	•		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•			15	%
	33 1/3% support test - 2023. If the o					ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on				
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ublicly supported of	organization	-	
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is [.]	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and	stop here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 PERMISSION TO START DREAMING F Part III Support Schedule for Organizations Described in Section 509(a)(2) PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 3

(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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	400,854.	312,951.	925,290.	1103413.	1261682.	4004190.
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	140,139.	75,912.	46,282.	201,509.	184,047.	647,889.
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	540,993.	388,863.	971,572.	1304922.	1445729.	4652079.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	20,000.	20,000.	370,045.	708,150.	1429116.	2547311.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
с	Add lines 7a and 7b	20,000.	20,000.	370,045.	708,150.	1429116.	2547311.
	Public support. (Subtract line 7c from line 6.)						2104768.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	540,993.	388,863.	971,572.	1304922.	1445729.	4652079.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	398.	392.	230.	1,019.	787.	2,826.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b	398.	392.	230.	1,019.	787.	2,826.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	541,391.	389,255.	971,802.	1305941.	1446516.	4654905.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, 1	ourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	45.22 %
16	Public support percentage from 2022					16	69.00 %
Sec	ction D. Computation of Invest	tment Income	Percentage				
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.06 %
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	.06 %
19a	33 1/3% support tests - 2023. If the	organization did n				3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						X
b	33 1/3% support tests - 2022. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	<u>n did not check</u> a l	<u>box on line 14, 1</u> 9a	a, or 19b, check th	is box and see ins	ructions	
							(Eorm 000) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

No

Schedule A (Form 990) 2023 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			
				Yes	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> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Su	Dervis	eu. or ci	Jillonea	the sup	Jorung a	JI Gallization.	
Sectio	n C.	Type I	I Supp	orting	Orgai	nižations	

 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 or management of the support of the 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 managed
 Image: Control of the support of the support

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.*

Yes No

2

PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 6 Schedule A (Form 990) 2023 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) 2023

PERMISSION	то	START	DREAMING	FOUNDATION	27-5251886	Page 7
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Sche		START DREAMING		r 2	7-5251886 _{Page}	7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Secti	on D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(n)	(11)	10	<i>/</i>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
<u> i</u>	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					_
a	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					_
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					_
7	Excess distributions carryover to 2024. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2019					
b	Excess from 2020					
с	Excess from 2021					
d	Excess from 2022					
е	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	PERMISSION	TO STARI	DREAMING	FOUNDATION	27-5251886 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, ines 2 and 3; Part IV,	e explanations rec 6, 9a, 9b, 9c, 11 Section E, lines 1	quired by Part II, line a, 11b, and 11c; Par c, 2a, 2b, 3a, and 3l	10; Part II, line 17a or t IV, Section B, lines 1 o; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,

323451 12-26-23

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

PERMISSION TO START DREAMING FOUNDATION

Filers of: Section: \mathbf{X} 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

General Rule

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 ______\$

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).

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

Schedule B (Form 990) (2023)

2023

Employer identification number

27-5251886

Schedule B (Form 990)

Name of the organization Organization type (check one): OMB No. 1545-0047

PERMISSION TO START DREAMING FOUNDATION

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

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

Employer identification number

27-5251886

Schedule E	B (Form 990) (2023)			Page 4
	rganization			Employer identification number
PERMIS	SSION TO START DREAMING	FOUNDATION		27-5251886
Part III		tions to organizations described in sec a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or lo	y. For organizations	hat total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, -	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	:	
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	:	
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gift	<u> </u>	
-	Transferee's name, address,	and ZIP + 4	Relationship of tra	ansferor to transferee

Department of the Treasury

Internal Revenue Service

(Form 9	9 90)
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332051 09-28-23

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.



Name of the organization

PERMISSION TO START DREAMING FOUNDATION

Employer identification number 27-5251886

Pa	rtl	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		r Funds or Ac	counts. Complete if the
			(a) Donor advised funds	s (b) Funds and other accounts
1	Total	number at end of year	()		
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		he organization inform all donors and donor advisors in v	writing that the assets held in do	onor advised fund	ls
•		ne organization's property, subject to the organization's	-		
6		he organization inform all grantees, donors, and donor a			
•		naritable purposes and not for the benefit of the donor of			
				• •	
Pa		Conservation Easements. Complete if the org			
1		ose(s) of conservation easements held by the organization			
		Preservation of land for public use (for example, recrea	· · · · · ·	ervation of a histo	prically important land area
		Protection of natural habitat	·		fied historic structure
		Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in	the form of a cor	nservation easement on the last
		of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b					2b
с	Num	ber of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Num	ber of conservation easements included on line 2c acqui	red after July 25, 2006, and not	t	
	on a	historic structure listed in the National Register	-		2d
3		ber of conservation easements modified, transferred, rele			zation during the tax
	year				
4	Num	ber of states where property subject to conservation eas	ement is located		
5	Does	the organization have a written policy regarding the per	iodic monitoring, inspection, ha	ndling of	
	viola	tions, and enforcement of the conservation easements it	holds?		
6	Staff	and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enfo	rcing conservatio	n easements during the year
7	Amo	unt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	conservation eas	sements during the year
8	Does	each conservation easement reported on line 2d above	satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
	and	section 170(h)(4)(B)(ii)?			Yes No
9	In Pa	rt XIII, describe how the organization reports conservation	on easements in its revenue and	expense statem	ent and
	balar	nce sheet, and include, if applicable, the text of the footn	ote to the organization's financ	ial statements tha	at describes the
De		nization's accounting for conservation easements.			
Pa	rt III	Organizations Maintaining Collections of	-	s, or Other 5	imilar Assets.
		Complete if the organization answered "Yes" on Form			
1a		organization elected, as permitted under FASB ASC 95	•		
		, historical treasures, or other similar assets held for pub			ce of public
		ce, provide in Part XIII the text of the footnote to its finar			
b		organization elected, as permitted under FASB ASC 95			
		istorical treasures, or other similar assets held for public	exhibition, education, or resear	rch in furtherance	of public service,
	•	de the following amounts relating to these items.			
		Revenue included on Form 990, Part VIII, line 1			
	• •				
2		organization received or held works of art, historical trea		or financial gain, p	provide
		ollowing amounts required to be reported under FASB A			
а		nue included on Form 990, Part VIII, line 1			
b		ts included in Form 990, Part X			
LHA	For F	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

		ION TO STA						27-52	<u>5188</u>	6 р	_{age} 2
Par	t III Organizations Maintaining C								contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	c any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition				change progra						
b	Scholarly research		e 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	n's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of								_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organization	n answered "	Yes" on	Form 990), Part IV, li	ne 9, or		
1 a	Is the organization an agent, trustee, custodi								7		.
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the it	Showing i	lable.					Amoun	+	
	Designing belongs						10		Amoun		
	Additions during the year										
	Additions during the year										
-	Distributions during the year										
f 20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • •				
Par								<u></u>			
		(a) Current year		Prior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance						. ,				
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1)	a, column (a)) held as:						
a	Board designated or quasi-endowment		%	5, (,,,						
b	Permanent endowment	%									
c		%									
-	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 a	nd administer	ed for th	ne				
	organization by:	5								Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requ	ired on S	chedule R?							
4	Describe in Part XIII the intended uses of the										•
Par	t VI Land, Buildings, and Equipm	ient									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or basis (invest			t or other (other)	• •	ccumulat		(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			4	0,529.		17,5	47.	2	2,9	82.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Par	t <u>X, line</u> 1	0c. column	<i>(</i> B))				2	2,9	82.
		-									

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er	nd-of-vear market value
I) Financial derivatives Closely held equity interests			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(0)			
(2)			
(3)			
(3) (4) (5)			
(3) (4)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col	(B))		
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability			5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			
(3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (1) Federal income taxes (2) (3)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			

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

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 PERMISSION TO START DRE		:9-
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue p	er Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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	2c	
d	Other (Describe in Part XIII.)		
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.)	4b	
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 St	atements With Expenses	per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
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	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
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	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1		
Pa	t XIII Supplemental Information	•	ż

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 Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, o	or if the	2023			
Department of the Treasury			Open to Public								
Internal Revenue Service	Go t	Inspection									
Name of the organization		ION TO START DREAM	ING	FOI	INDATION		Employer i 27-525	dentification number			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 compensated at lease 	 b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and addres or entity (fund				aiser ustody itrol of utions?	(iv) Gross receipts from activity listed in col. (undraiser	organization			
			Yes	No							
Total	<u></u>		<u></u>								
3 List all states in whitor licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from	registration			

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

PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 2

%

Yes

No

Part II

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

		or fundraising event contributions and gro	1		•	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RACE FOR A	SWING FOR A		(add col. (a) through
			SOLDIER	SOLDIER	1	
			(event type)	(event type)	(total number)	col. (c))
Ine						
Revenue	4	Gross receipts	100,906.	320,133.	28,358.	449,397.
Å				02072001	20,0001	
	2	Less: Contributions	46,845.	222,760.	12,595.	282,200.
	2		10,013.	222,700.	12,555.	202,2001
	~	Crease income (line 1 minus line 2)	54,061.	97,373.	15,763.	167,197.
-	3	Gross income (line 1 minus line 2)	J4,001.	51,515.	15,705.	107,197.
	4	Cash prizes				
			44 450	25 621	F 420	
	5	Noncash prizes	44,452.	25,631.	5,439.	75,522.
Direct Expenses			10.45	0.405		44 550
G	6	Rent/facility costs	12,447.	2,125.		14,572.
Ä						
ğ	7	Food and beverages	666.	2,177.	3,513.	6,356.
Dir						
	8	Entertainment				
	9	Other direct expenses	22,975.	18,969.	811.	42,755.
	10	Direct expense summary. Add lines 4 through				139,205.
	11	Net income summary. Subtract line 10 from li	()			27,992.
Pa						<u>/</u>
	-	\$15,000 on Form 990-EZ, line 6a.				
		••••••••••••••••••••••••••••••••••••••		(b) Pull tabs/instant		(d) Total gaming (add
en			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						···· (•)
Вĕ						
-+	1	Gross revenue				
	_					
ŝ	2	Cash prizes				
Expenses						
ре В	3	Noncash prizes				
Ш т						

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

7 Direct expense summary. Add lines 2 through 5 in column (d)

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

4 Rent/facility costs

6 Volunteer labor

5 Other direct expenses

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

%

Yes

No

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

Yes

No

332082 09-13-23

Direct

Yes

No

No

%

Sch	edule G (Form 990) 2023	PERMISSION	то	START	DREAMING	FOUNDATION	27-5	251886	Page 3
11	Does the organization conduct ga	ming activities with nor	mem	bers?				Yes	No
	Is the organization a grantor, bene								
	to administer charitable gaming?					-		Yes	No No
13	Indicate the percentage of gaming	activity conducted in:							
	The organization's facility							13a	%
	• An outside facility							13b	%
	Enter the name and address of th								
	Name								
	Address								
								_	_
15a	Does the organization have a con	tract with a third party f	rom v	whom the or	ganization receive	s gaming revenue?		Yes	No No
ł	If "Yes," enter the amount of gam		the o	organization	\$	and the ar	nount		
	of gaming revenue retained by the								
C	If "Yes," enter name and address	of the third party:							
	Name								
	Address								
16	Coming manager information:								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	daming manager compensation	Ψ							
	Description of services provided								
	Director/officer	Employee		Indep	endent contractor				
17	Mandatory distributions:								
á	a Is the organization required under	[,] state law to make char	itable	e distributior	is from the gaming	proceeds to			
	retain the state gaming license?							Yes	No No
ł	• Enter the amount of distributions	•	v to b	e distribute	d to other exempt	organizations or spent	in the		
De	organization's own exempt activit	ies during the tax year	\$						
Pa	IT IV Supplemental Infor); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provid	e any	additional	nformation. See in	istructions.			

Sometile Outrom 3801 PERMISSION TO START DREAMING FOUNDATION 27-5251886 Page 4 Part IV Supplemental Information (continued)	Schedule G	i (Form 990)	PERMISSION	то	START	DREAMING	FOUNDATION	27-5251886	Page 4
	Part IV	Supplemental Infor	mation (continued)						

SCH	IEDULE J	Compensation Information	1	OMB No. 1	545-00	47
(For	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	2023)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	Z J	
Depart	ment of the Treasury	Attach to Form 990.		Open to		
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior			identificatio		mber
		PERMISSION TO START DREAMING FOUNDATION	27-5	525188	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	<u> </u>				
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ur, chet)			
L	If any of the haves	n line to are checked, did the examination follows written policy recording to most an				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46		
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if ar	y, of the following the organization used to establish the compensation of the organization's	2			
-		ctor. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant				
		ther organizations Approval by the board or compensation of	committee			
		······································				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severanc	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the re					
						X
	Any related organiz			<u>5b</u>		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n	6				37
						X
	Any related organiz			<u>6b</u>		X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
		es 5 and 6? If "Yes," describe in Part III		7		<u> </u>
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	е	_		v
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
For F	aperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990) 2023

LHA 332111 11-06-23

PERMISSION TO START DREAMING FOUNDATION 27-5251886

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVE EASTON	(i)	156,250.	0.	0.	0.	0.	156,250.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii) (i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

		Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury At Internal Revenue Service Go to www

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.



PERMISSION TO START DREAMING FOUNDATION 27-52

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

TRANSFORMATIVE CARE THAT WILL STRENGTHEN THEIR LIVES AND THEIR FAMILIES

WELL IN TO THE FUTURE.

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

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

BOARD AS THE VICE PRESIDENT. HE IS ALSO A COUNCILMAN FOR THE CITY OF GIG

HARBOR.

ALEC ZARELLI IS ON THE BOARD AS THE TREASURER. HE IS ALSO AN EMPLOYEE OF HERITAGE BANK.

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:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST