


**The White Family Foundation
Grant Request #796
Children's Dream Fund
March 16, 2023**

Date of grant proposal submission	Thursday, March 16, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	No
Legal name of organization	Children's Dream Fund
Address	 1600 23rd Avenue North St. Petersburg, FL 33713 United States
Website	http://www.childrensdreamfund.org
Telephone	727-896-6390
Fax	727-896-6380
Organization Director/Title	Amanda Griffin
Contact Person/Title	Pamela Arbisi
Contact Person's Telephone	727-896-6390
Contact Person's Email	parbisi@childrensdreamfund.org
Grant Request Amount	\$20,000.00

Please provide us with a brief description of your organization (no more than 500 words).

The Children's Dream Fund, one of the nation's oldest wish-granting organizations, has been honored to make dreams come true for over 3,500 children since 1981. We serve children ages 3-21 with life-threatening illnesses and live in West Central Florida. Our dreams are as diverse as our children, and every qualified child receives a dream at no cost to the family. We are proud to share that no child ever gets turned away from the Children's Dream Fund, and we include children of all races, ethnicities, and socio-economic backgrounds.

Today, we have over 220 children anticipating a dream-come-true in the coming months. Our Dream Coordinators work closely with hospital medical professionals, including social workers and child life specialists. The number of children is continuing to grow as we receive 3-5 referrals a week. These critically-ill children battling life-threatening illnesses such as cancer, autoimmune disorders, and heart, lung and blood diseases are dealing with treatments, hospitals, surgeries, setbacks, and self-isolations. The hospital staff depends on the Children's Dream Fund to help their patients and families, and providing a dream-come-true infuses hope, inspires joy, and creates celebratory memories for the child and their family.

Grant Purpose (one paragraph)

The Children's Dream Fund is requesting funding for the purpose of providing dreams to children bravely battling life-threatening illnesses. Due to our close relationship and stellar reputation with hospitals and medical providers, the number of children being referred to the Children's Dream Fund has grown significantly over the past 2 years. In 2020, we had 114 new referrals vs. 240 new referrals last year...111% increase! We see this trend continuing this year and years to follow. The need to serve these children is great and 85% of all expenses go to make dreams come true. With the support of The White Family Foundation, we would be able to infuse hope, inspire joy, and create happy memories that last a lifetime for 4 deserving children and their families.

Annual Project/Program Budget (if request is for a specific project)	\$20,000.00
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Annual Organization Budget	\$1,979,171.00
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Submitted to:

The White Family Foundation
June 1, 2023

Organization contact:

Meg Huntley
Director of Development
1600 – 23rd Avenue North
St. Petersburg, FL 33713
o: 727-896-6390 c: 818-515-0750
mhuntley@childrensdreamfund.org

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www.childrensdreamfund.org



Case Statement for The White Family Foundation June 20, 2023

A Dream is an inspiring picture of the future that brings hope and happiness. **Since 1981, the Children's Dream Fund has been steadfast with a single mission to make dreams come true for children ages 3-21 battling life-threatening illnesses and living in West Central Florida.** We are proud to share that we are celebrating 42 years of making 4,000+ dreams come true. Our dreams are as diverse as our children, and every qualified child receives a dream at no cost to the family. In addition, no child ever gets turned away, including children of all races, ethnicities, and socio-economic backgrounds.

From puppies to playgrounds, special trips to meetings with celebrities, we help every child referred to us by area hospitals. **We have forecasted to make 200 dreams come true in 2023 and do not see the trend slowing down in 2024.**

Our Dream Coordinators work closely with medical professionals, including social workers and child life specialists at Johns Hopkins All Children's Hospital, Tampa General Hospital, St. Joseph's Children's Hospital, Golisano Children's Hospital, Shand's Children's Hospital, Moffitt Cancer Center, Advent Health, and Sabal Palms Children's Center. Last year we began serving the Arnold Palmer Children's Hospital in Orlando. Because of our strong relationship with our medical professionals and marketing in these facilities, we receive 1-4 referrals a week. To keep up with the number of children we plan to serve, our strategic plan will include the hiring of 2-3 new team members to support both the program and development departments in 2024.

A dream, on average, costs \$10,000; however, due to our community partners, **we receive 50% through in-kind donations reducing the average cost to \$5,000.** In-kind contributions can include anything from stays at hotels, dinners at restaurants, experiences of helicopter rides, stays at private homes, and miles for airline tickets.

The Children's Dream Fund receives financial support from individual and corporate donations, the Kids Who Care program, memorial/estate gifts, direct mail, workplace giving, grants, family foundations, and annual fund donations. **We are proud to report that 87% of all expenses go to make children's dreams come true, continuing to earn us another 4-star rating from Charity Navigator.**

We also receive revenue from our three signature events, including our 2023 Dreammaker Luncheon in February, honoring The Tampa Bay Lightning and celebrating our brave children. In September, we will host a totally rad party Dreaming Like It's 1981 to celebrate our 42-year anniversary. In November, we will finish the year with our Clays for Kids sporting clays tournament in Sarasota. **Along with our staff-driven events, we also have over 35 community events on the calendar for the year,** including Give Back

events, golf and fishing tournaments, restaurant openings, and more. We value our community partners as they provide funding to make dreams come true and bring brand awareness to the Children's Dream Fund.

Along with the support of donors and community partners, we have 25 passionate and committed Board of Directors located from Sarasota to Tampa. **We are proud to share that we receive 100% financial board support.** With their oversight of the budget and excellent stewardship of donors, we are assured that all the children we serve will receive a dream.

Speaking of the budget, the Children's Dream Fund Profit and Loss YTD Comparison report (attached) shows a significant increase year over year. **Due to the increased number of dreams, our program expenditures in 2023 have more than doubled and will continue to do so based on the projected number of dreams for this year and for 2024.**

The White Family Foundation has provided optimism, hope, and happiness for 32 children since 2007. In the past year five dreams have come true because of your support and three more will come true because of YOU!

Lillianna, is a 10-year-old little girl who lives in Holiday. Lillianna is battling osteosarcoma and being treated at Johns Hopkins All Children's Hospital. Lillianna is full of life, spunky as can be, and does not let her battle with cancer stop her. When we asked Lillianna what her dream come true would be without hesitation she answered "To visit Disney World and meet princesses!"

Lillianna and her family headed to Give Kids the World where they spent six nights, and seven days on a VIP trip to Orlando! Lillianna visited all of the Disney parks, met so many characters, and even got to say hi to one of her favorite princesses, Arielle! You can see by the big smile on Lillianna's face that this was truly a once-in-a-lifetime experience for her family. Lillianna was able to feel like a kid again because of the White Family Foundation.





How do we measure the success of our program? Every family fills out an evaluation upon the completion of their dream experience. Brayden's mom expressed in the family's evaluation after returning from his Dream on an Alaskan Cruise, just this week.

"Thank you so much for fulfilling his dream! He had an amazing time and loved every second of it! His favorites were seeing the bears, the train ride and whales, bumper cars and kids club, and the bridge of the boat. Everyone was amazing. The pilots on the way there and back took time with him and showed him all the cool stuff he even got to push a button. He also got his wings.

The staff on the ship was also amazing. The headwater and chef went above and beyond for him and accommodated all of his food allergy needs. Guest services arranged a day/time for us to have him meet the captain and tour the bridge. Bray loved this! He got to sit in the captain's chair and use the binoculars. Again thank you so much. It was so amazing watching him be so happy and carefree. We cannot express our gratitude enough."

Please also see attached in our submission, 2 family evaluations from our dreamers Jabriel who dreamed of a shopping spree and Noah whose dream was to have a puppy.

The Children's Dream Fund values our continued partnership with the White Family Foundation to make dreams come true for children bravely battling life-threatening illnesses. We can only imagine the number of requests you receive annually and feel blessed with your most recent support for this year. Along with being steadfast in making dreams come true, we will continue to be steadfast by continuing to apply each year.

With the growing number of children in 2023 and 2024, your continued partnership is more important than ever. **With a gift of \$20,000, it would provide hope, happiness, and a lifetime of memories for 4-5 critically-ill children.** We are honored for the opportunity to present a grant request to impact the lives of sick children we serve in our community.

On behalf of everyone at The Children's Dream Fund,

Thank you!

CHILDREN'S DREAM FUND BUDGET 2023

EXPENSES	
Program Cost	\$ 1,000,000
Program Mileage	\$ 3,500
Beyond the Dream	\$ 15,000
Marketing/Programs	\$ 8,000
Total Programs	\$ 1,026,500

Payroll	\$ 701,306
Payroll taxes (Reemployment and federal)	\$ 53,650
Insurance - Employee health, disability	\$ 27,000
Retirement Contributions (SEP)	\$ 27,465
Insurance - Worker's Comp	\$ 2,500
Payroll services	\$ 3,500
Auto/Travel/Parking	\$ 8,000
Phone/Employees	\$ 4,200
Rent/Lease	\$ 12,400
Office	\$ 20,000
Maintenance	\$ -
Utilities - water, electric	\$ 4,600
Janitorial	\$ 3,900
Phone/Internet Office	\$ 5,000
Postage/Mailing	\$ 1,750
Printing	\$ 1,000
Bank, Investment, Credit Card Fees	\$ 16,000
Technology, software	\$ 16,000
Website	\$ -
Total	\$ 908,271

Seminars, Meetings	\$ 5,000
Dues, Subscriptions	\$ 5,500
Legal, Accounting	\$ 10,000
Licenses, Taxes	\$ 400
Insurance-Business	\$ 3,000
Interest Expense	
Total	\$ 23,900

Marketing	\$ 8,000
Fundraising General	\$ 10,000
Awards/Promotions	\$ 5,000
Total	\$ 23,000

TOTAL CASH EXPENSES \$ 1,981,671

Program In-Kind	\$ 1,000,000
Services - in kind	\$ 8,000
Depreciation	
TOTAL NON CASH EXPENSES	\$ 1,008,000
TOTAL EXPENSES	\$ 2,989,671

Total dreams	200
Average dream cost	\$ 5,000
Average in-kind per dream	\$ 5,000
Average total per dream	\$ 10,000

REVENUES		
EVENTS	Dream Maker Luncheon	\$ 175,000
	Clays for Kids	\$ 100,000
	Dreaming Like It's 1981	\$ 280,000
	Total Staff Driven Events	\$ 555,000

COMMUNITY EVENTS	Repeat	\$ 200,000
	New	\$ 120,000
	Total Community Events/initiatives	\$ 320,000

OTHER STAFF-COORDINATED REVENUE	Annual Fund	\$ 500,000
	Major Gifts	\$ 300,000
	Foundations/Grants/Corporations	\$ 150,000
	Kids Who Care	\$ 25,000
	Memorials	\$ 15,000
	Planned Gifts	\$ 60,000
	Workplace Giving	\$ 12,000
	Total Staff-Coordinated Revenue	\$ 1,062,000
	Interest Income	\$ 50
	Dividend Income	\$ 23,000
	Capital Gains Distribution	\$ 30,000
	Unrealized Gain on Investments	\$ -
	Community Fund Gain(Loss)	\$ -
	Total Internally Generated Revenue	\$ 53,050
TOTAL CASH REVENUES		\$ 1,990,050

NON CASH REVENUE	Programs in-kind	\$ 1,000,000
	Rent in-kind	\$ -
	Services in-kind	\$ 8,000
	In-kind donated stock	\$ -
TOTAL NON-CASH REVENUE	Total Non-Cash Revenue	\$ 1,008,000

TOTAL REVENUES	\$ 2,998,050
TOTAL EXPENSES	\$ 2,989,671

NET EXCESS (DEFICIT)	\$ 8,380
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Children's Dream Fund
FINANCIAL STATEMENTS
April 30, 2023

Children's Dream Fund, Inc.

Balance Sheet

As of April 30, 2023

	TOTAL		
	AS OF APR 30, 2023	AS OF MAR 31, 2023 (PP)	AS OF APR 30, 2022 (PY)
ASSETS			
Current Assets			
Checking/Savings			
1050 SEACOAST CHECKING	65,585.71	171,102.36	94,121.42
Total Checking/Savings	\$65,585.71	\$171,102.36	\$94,121.42
Other Current Assets			
1065 INVESTMENT-COMMUNITY FDN	23,320.62	23,320.62	24,109.43
1067 RAYMOND JAMES #4703MM	67,208.54	9,258.23	81,086.98
1068 RAYMOND JAMES #4703 Eq	1,583,902.02	1,694,836.32	1,963,804.10
1070 RAYMOND JAMES MM #0123	22.44	21.96	184.28
1081 CURRENT PLEDGES RECEIVABLE	0.00	0.00	0.00
CURRENT PLEDGE RECEIVABLE	30,390.00	32,595.00	25,970.00
DISCOUNT CURRENT PR	-2,077.50	-2,077.50	-1,974.45
Total 1081 CURRENT PLEDGES RECEIVABLE	28,312.50	30,517.50	23,995.55
1200 UNDEPOSITED FUNDS	560.00	3,445.96	3,735.00
1250 PREPAID INSURANCE	6,366.03	5,429.34	4,731.01
1260 PREPAID RENT	1,030.00	1,030.00	1,000.00
1270 PREPAID EXPENSE	2,900.00	2,950.00	982.92
1900 OPERATING LEASE RIGHT OF USE	42,779.00	46,899.00	
Total Other Current Assets	\$1,756,401.15	\$1,817,798.93	\$2,163,629.27
Total Current Assets	\$1,821,986.86	\$1,988,811.29	\$2,197,750.69
Fixed Assets			
1600 FURNITURE & OFFICE EQPT	3,200.00	3,200.00	3,200.00
1610 COMPUTER EQUIPMENT	1,110.00	1,110.00	1,110.00
1650 ACCUMULATED DEPRECIATION	-4,310.00	-4,310.00	-4,310.00
Total Fixed Assets	\$0.00	\$0.00	\$0.00
Other Assets			
1815 LT PLEDGES RECEIVABLE	0.00	0.00	0.00
DISCOUNT LT PR	-9,975.23	-9,975.23	-11,046.79
LT PLEDGE RECEIVABLE	73,585.00	73,585.00	119,530.00
Total 1815 LT PLEDGES RECEIVABLE	63,609.77	63,609.77	108,483.21
18700 SECURITY DEPOSITS ASSET	1,000.00	1,000.00	1,000.00
Total Other Assets	\$64,609.77	\$64,609.77	\$109,483.21
TOTAL ASSETS	\$1,886,596.63	\$2,053,421.06	\$2,307,233.90

Children's Dream Fund, Inc.

Balance Sheet As of April 30, 2023

	TOTAL		
	AS OF APR 30, 2023	AS OF MAR 31, 2023 (PP)	AS OF APR 30, 2022 (PY)
LIABILITIES AND EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
20000 ACCOUNTS PAYABLE	238.40	238.40	0.00
Total Accounts Payable	\$238.40	\$238.40	\$0.00
Credit Cards			
2014 CHASE CARD PAYABLE	-143.83	12,675.76	-5,779.70
Total Credit Cards	\$-143.83	\$12,675.76	\$-5,779.70
Other Current Liabilities			
2030 SEP PENSION PAYABLE	9,155.00	10,436.26	10,353.33
2920 LEASE PAYABLE	7,682.00	11,802.00	
Total Other Current Liabilities	\$16,837.00	\$22,238.26	\$10,353.33
Total Current Liabilities	\$16,931.57	\$35,152.42	\$4,573.63
Long-Term Liabilities			
2900 UNREALIZED GAIN (LOSS) ON RJ	94,642.52	78,404.42	-232,827.91
2930 OPERATING LEASE LIABILITY-LONG TERM	35,360.00	35,360.00	
Total Long-Term Liabilities	\$130,002.52	\$113,764.42	\$-232,827.91
Total Liabilities	\$146,934.09	\$148,916.84	\$-228,254.28
Equity			
3035 Net Assets w/Donor Restrictions	23,520.00	23,520.00	23,520.00
32000 Net Assets w/o Donor Restrict.	2,052,700.10	2,052,700.10	2,595,035.51
32001 Board Designated Endowment	10,000.00	10,000.00	10,000.00
Net Income	-346,557.56	-181,715.88	-93,067.33
Total Equity	\$1,739,662.54	\$1,904,504.22	\$2,535,488.18
TOTAL LIABILITIES AND EQUITY	\$1,886,596.63	\$2,053,421.06	\$2,307,233.90

Children's Dream Fund, Inc.

Profit and Loss January - April, 2023

	TOTAL			
	JAN - APR, 2023	JAN - APR, 2022 (PY)	CHANGE	% CHANGE
Income				
4020 F/R DREAMMAKER LUNCH REC'TS	210,274.30	187,591.00	22,683.30	12.09 %
4021 F/R DREAMMAKER LUNCH EXP	-45,985.16	-29,289.06	-16,696.10	-57.00 %
4024 F/R KIDS WHO CARE REC'TS	7,782.00	2,153.79	5,628.21	261.32 %
4032 F/R CLAYS FOR KIDS REC'TS	2,500.00	3,500.00	-1,000.00	-28.57 %
4035 ANNUAL FUND	76,381.32	119,102.73	-42,721.41	-35.87 %
4038 DREAMING LIKE IT'S 1981 REC'TS		20,000.00	-20,000.00	-100.00 %
4039 DREAMING LIKE IT'S 1981 EXP	-11,242.41	-9,676.31	-1,566.10	-16.18 %
4040 MAJOR GIFTS	10,000.00		10,000.00	
4051 CONTRIBS-MEMORIAL	70.00	2,100.00	-2,030.00	-96.67 %
4060 IN KIND-PROGRAMS-DIRECT	197,040.58	211,420.05	-14,379.47	-6.80 %
4061 IN KIND-SERVICES	5,557.16	2,824.07	2,733.09	96.78 %
4070 CONTRIBS-COMMUNITY	54,110.93	8,940.00	45,170.93	505.27 %
4074 FOUNDATION GRANTS	7,800.40	18,000.00	-10,199.60	-56.66 %
4076 PLANNED GIFTS	10,450.40	722.00	9,728.40	1,347.42 %
4077 WORKPLACE GIVING	1,870.22	3,047.51	-1,177.29	-38.63 %
4110 INTEREST INCOME	19.04	6.26	12.78	204.15 %
4120 DIVIDEND INCOME	7,681.39	5,701.96	1,979.43	34.71 %
4171 GAIN ON COMMUNITY FDN INVEST.	955.24	-1,092.06	2,047.30	187.47 %
Total Income	\$535,265.41	\$545,051.94	\$-9,786.53	-1.80 %
GROSS PROFIT	\$535,265.41	\$545,051.94	\$-9,786.53	-1.80 %
Expenses				
6000 PROGRAM EXPENDITURES	356,477.43	239,443.88	117,033.55	48.88 %
6000a PROGRAM MILEAGE	1,517.48	634.70	882.78	139.09 %
6000b BEYOND THE DREAM EXPENSES	2,023.53	19.95	2,003.58	10,043.01 %
Total 6000 PROGRAM EXPENDITURES	360,018.44	240,098.53	119,919.91	49.95 %
6001 PROG EXP IN KIND	197,040.58	211,420.05	-14,379.47	-6.80 %
6005 PRINTING	75.71	122.59	-46.88	-38.24 %
6010 AWARDS/PROMOS/THANK YOUS	783.60	1,527.12	-743.52	-48.69 %
6013 MARKETING	1,904.73	3,384.92	-1,480.19	-43.73 %
6014 MARKETING/PROGRAMS	1,728.86	1,574.40	154.46	9.81 %
6020 AUTO AND TRAVEL EXP	2,206.60	1,902.30	304.30	16.00 %
6030 BANK, INVEST & CREDIT CARD FEES	5,978.51	7,051.76	-1,073.25	-15.22 %
6055 TECHNOLOGY AND SOFTWARE	5,052.85	5,351.52	-298.67	-5.58 %
6090 DUES & SUBSCRIPTIONS	1,424.53	1,182.16	242.37	20.50 %
6100 FUNDRAISING	3,772.68	1,450.66	2,322.02	160.07 %
6300 JANITORIAL	1,350.00	1,350.00	0.00	0.00 %
6580 MISCELLANEOUS		192.00	-192.00	-100.00 %
7030 FEDERAL PAYROLL TAXES	17,600.41	13,864.25	3,736.16	26.95 %
7050 INSURANCE-BUSINESS	1,317.80	1,114.73	203.07	18.22 %

Children's Dream Fund, Inc.

Profit and Loss January - April, 2023

	TOTAL			
	JAN - APR, 2023	JAN - APR, 2022 (PY)	CHANGE	% CHANGE
7055 INSURANCE-WORK COMP	567.84	573.50	-5.66	-0.99 %
7060 INSURANCE-EMPLOYEES	9,996.96	9,268.04	728.92	7.86 %
7070 LEGAL ACCOUNTING & PROFESSIONAL	2,500.00	2,400.00	100.00	4.17 %
7090 LICENSES AND TAXES		61.25	-61.25	-100.00 %
7100 PAYROLL/SALARIES	232,386.23	182,496.09	49,890.14	27.34 %
7130 PENSION EXPENSE	9,155.00	10,353.32	-1,198.32	-11.57 %
7140 PAYROLL SERVICE FEES	2,390.90	680.90	1,710.00	251.14 %
7160 OFFICE	9,298.38	4,565.42	4,732.96	103.67 %
7170 POSTAGE/MAILING	365.90	388.05	-22.15	-5.71 %
7175 SERVICES IN KIND	5,557.16	2,824.07	2,733.09	96.78 %
7180 RENT	4,120.00	4,000.00	120.00	3.00 %
7210 SEMINARS/MEETINGS	1,587.91	1,187.30	400.61	33.74 %
7260 PHONE EMPLOYEES	900.00	800.00	100.00	12.50 %
7270 PHONE/INTERNET OFFICE	1,365.51	1,208.67	156.84	12.98 %
7280 UTILITIES	1,375.88	1,264.62	111.26	8.80 %
Total Expenses	\$881,822.97	\$713,658.22	\$168,164.75	23.56 %
NET OPERATING INCOME	\$-346,557.56	\$-168,606.28	\$-177,951.28	-105.54 %
Other Income				
8300 PPP LOAN FORGIVENESS		74,915.00	-74,915.00	-100.00 %
PPP INTEREST FORGIVENESS		623.95	-623.95	-100.00 %
Total 8300 PPP LOAN FORGIVENESS		75,538.95	-75,538.95	-100.00 %
Total Other Income	\$0.00	\$75,538.95	\$-75,538.95	-100.00 %
NET OTHER INCOME	\$0.00	\$75,538.95	\$-75,538.95	-100.00 %
NET INCOME	\$-346,557.56	\$-93,067.33	\$-253,490.23	-272.37 %

Form **990**

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2021 calendar year or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CHILDREN'S DREAM FUND INC

Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1600 23RD AVE N

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG FL 33713

D Employer identification number
59-2145821

E Telephone number
727-896-6390

G Gross receipts **2,394,118**

F Name and address of principal officer:
AMANDA GRIFFIN
1600 23RD AVE N
ST PETERSBURG FL 33713

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) _____ (insert no.) 4947(a)(1) or 527

J Website: **CHILDRENSDREAMFUND.ORG** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____ **L** Year of formation: **1981** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE SOLE MISSION OF THE CHILDREN'S DREAM FUND INC. IS TO MAKE DREAMS COME TRUE FOR CHILDREN WITH LIFE THREATENING ILLNESSES LIVING IN WEST CENTRAL FLORIDA, AND TO PROVIDE LASTING MEMORIES FOR THE CHILDREN AND FAMILIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) **3 21**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4 21**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5 12**

6 Total number of volunteers (estimate if necessary) **6 50**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b 0**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	729,765	1,799,351
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	119,022	235,785
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	262,318	68,801
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,111,105	2,103,937
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	338,133	1,388,549
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	559,975	631,231
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 213,698		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	123,395	151,885
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,021,503	2,171,665
19 Revenue less expenses. Subtract line 18 from line 12	89,602	-67,728
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,734,516	2,787,833
21 Total liabilities (Part X, line 26)	161,248	160,688
22 Net assets or fund balances. Subtract line 21 from line 20	2,573,268	2,627,145

Part II Signature Block

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

Sign Here Signature of officer **ROB JAMIESON** **CHAIR** Date **8/17/2022**

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name **PAUL DEGANCE** Preparer's signature **PAUL DEGANCE** Date **08/15/22** Check if self-employed if PTIN **P00443908**

Firm's name ▶ **1SOURCE PARTNERS** Firm's EIN ▶ **81-1343524**

Firm's address ▶ **701 S HOWARD AVE STE 203 TAMPA, FL 33606** Phone no. **813-254-7222**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part 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 SOLE MISSION OF THE CHILDREN'S DREAM FUND INC. IS TO MAKE DREAMS COME TRUE FOR CHILDREN WITH LIFE THREATENING ILLNESSES LIVING IN WEST CENTRAL FLORIDA, AND TO PROVIDE LASTING MEMORIES FOR THE CHILDREN AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,836,312 including grants of \$ 1,388,549) (Revenue \$ 1,708,834)

SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,836,312

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part 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, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	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			
11	Section 501(c)(12) organizations. Enter:				
a	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			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section 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 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.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 21		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

Section 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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

AMANDA GRIFFIN
ST PETERSBURG

1600 23RD AVE N

FL 33713

727-896-6390

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMANDA GRIFFIN EXECUTIVE DIRECTOR	40.00 0.00			X				94,132	0	0
(2) DAVID ALLEN BOARD CHAIR	1.00 0.00			X				0	0	0
(3) MONICA CHRISTOPHER MEMBER	0.25 0.00	X						0	0	0
(4) BILL CUMMINGS MEMBER	0.25 0.00	X						0	0	0
(5) BEN DACHEPALLI MEMBER	0.25 0.00	X						0	0	0
(6) JOHN FERRARI, JR MEMBER	0.25 0.00	X						0	0	0
(7) MICHAEL GREENE, JR. MEMBER	0.25 0.00	X						0	0	0
(8) ROB JAMIESON CHAIR	0.25 0.00	X						0	0	0
(9) ROHOM KHONSARI SECRETARY	0.25 0.00			X				0	0	0
(10) NANCY LAMSON TREASURER	1.00 0.00			X				0	0	0
(11) KEVIN MARSHALL MEMBER	0.25 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOE MINUTOLO	0.25									
MEMBER	0.00	X						0	0	0
(13) CHRISTOPHER NARDI	0.25									
MEMBER	0.00	X						0	0	0
(14) BEN OSHRINE	0.25									
MEMBER	0.00	X						0	0	0
(15) SALONI PATEL	0.25									
MEMBER	0.00	X						0	0	0
(16) CHRISTY PURSER	0.25									
MEMBER	0.00	X						0	0	0
(17) LISSETTE PENROD	0.25									
MEMBER	0.00	X						0	0	0
(18) ERIC RATCLIFFE	0.25									
MEMBER	0.00	X						0	0	0
(19) PAWAN SHAH	0.25									
MEMBER	0.00	X						0	0	0
1b Subtotal								94,132		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								94,132		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	90,518				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,708,833				
	g Noncash contributions included in lines 1a-1f	1g	\$ 784,918				
	h Total. Add lines 1a-1f		1,799,351				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		134,796			134,796	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other	362,572			
		b Less: cost or other basis and sales exps.	7b	261,583			
		c Gain or (loss)	7c	100,989			
	d Net gain or (loss)			100,989		100,989	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a			97,399				
b Less: direct expenses	8b		28,598				
c Net income or (loss) from fundraising events			68,801			68,801	
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,103,937	0	0	304,586	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,388,549	1,388,549		
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	94,133	52,304	15,547	26,282
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	444,453	246,958	73,404	124,091
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	52,993	29,445	8,752	14,796
10 Payroll taxes	39,652	22,033	6,548	11,071
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,092	16,720	4,970	8,402
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	94,655	72,873	10,225	11,557
17 Travel	13,372	7,430	2,209	3,733
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 O.)				
a DIRECT FUNDRAISING	13,766			13,766
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,171,665	1,836,312	121,655	213,698
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	373,006	1	451,987
	2 Savings and temporary cash investments	246,296	2	2,000
	3 Pledges and grants receivable, net	29,543	3	38,506
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,745	9	6,679
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,310		
	b Less: accumulated depreciation	10b 4,310	10c	
	11 Investments—publicly traded securities	2,024,479	11	2,216,178
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	57,447	15	72,483
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,734,516	16	2,787,833	
Liabilities	17 Accounts payable and accrued expenses	71,648	17	56,823
	18 Grants payable		18	
	19 Deferred revenue		19	28,950
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	89,600	24	74,915
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	161,248	26	160,688
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,539,748	27	2,593,625
	28 Net assets with donor restrictions	33,520	28	33,520
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,573,268	32	2,627,145
33 Total liabilities and net assets/fund balances	2,734,516	33	2,787,833	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,103,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,171,665
3	Revenue less expenses. Subtract line 2 from line 1	3	-67,728
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,573,268
5	Net unrealized gains (losses) on investments	5	121,330
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	275
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,627,145

Part XII Financial Statements and Reporting

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) LAURA SHERMAN	0.25									
MEMBER	0.00	X					0	0	0	
(21) JULIA STEINBRENNER	0.25									
MEMBER	0.00	X					0	0	0	
(22) BRIAN ZUKOSKI	0.25									
MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CHILDREN'S DREAM FUND INC

Employer identification number

59-2145821

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(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 organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	996,682	952,464	719,651	621,942	1,799,351	5,090,090
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	996,682	952,464	719,651	621,942	1,799,351	5,090,090
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.						5,090,090

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	996,682	952,464	719,651	621,942	1,799,351	5,090,090
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	98,031	116,019	100,352	90,594	134,796	539,792
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.)					97,399	97,399
11 Total support. Add lines 7 through 10						5,727,281
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	88.87 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	90.43 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization: CHILDREN'S DREAM FUND INC
Employer identification number: 59-2145821

Organization type (check one):

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

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

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

General Rule

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

Special Rules

- [X] 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).

Name of organization

Employer identification number

CHILDREN'S DREAM FUND INC

59-2145821

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	XXX XXX XXX XX XXXXX	\$ 48,489	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN'S DREAM FUND INC

59-2145821

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,310	4,310	
e Other				

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,230,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	121,330	
b	Donated services and use of facilities	2b	5,275	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	126,605
3	Subtract line 2e from line 1		3	2,103,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,103,937

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

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

1	Total expenses and losses per audited financial statements		1	2,176,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,275	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-275	
e	Add lines 2a through 2d		2e	5,000
3	Subtract line 2e from line 1		3	2,171,665
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,171,665

Part XIII Supplemental Information.

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

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

MISCELLANEOUS \$ **-275**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CHILDREN'S DREAM FUND INC

Employer identification number

59-2145821

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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a 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? Yes No

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 address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....

.....

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CLAYS FOR KIDS (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	97,399			97,399
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	97,399			97,399
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,746			1,746
	6 Rent/facility costs	7,495			7,495
	7 Food and beverages	2,689			2,689
	8 Entertainment	600			600
	9 Other direct expenses	16,068			16,068
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,598
11 Net income summary. Subtract line 10 from line 3, column (d)				68,801	

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CHILDREN'S DREAM FUND INC

Employer identification number

59-2145821

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-9.

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

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

Schedule I (Form 990) (2021)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

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

OMB No. 1545-0074

2021

**Open To Public
Inspection**

CHILDREN'S DREAM FUND INC

Employer identification number

59-2145821

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	6	32,163	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PARKS AND EVENT)	X	87	682,448	SALES PRICE
26 Other ▶ (TRANSPORTATION)	X	22	12,035	SALES PRICE
27 Other ▶ (ACTIVITIES)	X	2	6,312	SALES PRICE
28 Other ▶ (SPECIAL GIFTS)	X	61	51,960	SALES PRICE

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

29

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

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

YES, THE ORGANIZATION DOES USE THIRD PARTIES AND RELATED ORGANIZATIONS TO SOLICIT, PROCESS, AND SELL NON-CASH CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization CHILDREN'S DREAM FUND INC	Employer identification number 59-2145821
--	---

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE CHILDREN'S DREAM FUND ENTERED ITS 41ST YEAR OF MAKING DREAMS COME TRUE FOR CHILDREN WITH LIFE-THREATENING ILLNESSES LIVING THROUGHOUT WEST CENTRAL FLORIDA. THE CHILDREN'S DREAM FUND COMPLETED 160 DREAMS IN 2021 WITH 197 IN PROCESS AT THE END OF THE YEAR. CHILDREN ARE REFERRED TO THE CHILDREN'S DREAM FUND BY JOHNS HOPKINS ALL CHILDREN'S, TAMPA GENERAL, ST. JOSEPH'S CHILDREN'S, GOLISANO, SHANDS, ARNOLD PALMER, AND SABAL PALMS CHILDREN'S CENTER. THE CHILDREN'S DREAM FUND POLICY IS TO NEVER DENY A DESERVING CHILD A DREAM-COME-TRUE, AND TO PROVIDE AGE-APPROPRIATE DREAMS IN A TIMELY MANNER. DREAMS INCLUDE THE ENTIRE FAMILY, AND THE GOAL IS TO MAKE THE PROCESS AS STRESS-FREE AS POSSIBLE FOR THE CHILD AND THE FAMILY, AND TO CREATE MEMORIES THAT LAST A LIFETIME. CHILDREN AND THEIR FAMILIES WORK WITH THE DREAM DEPARTMENT, WHO ARE FULL-TIME EMPLOYEES OF THE CHILDREN'S DREAM FUND, AND HELP PLAN AND IMPLEMENT THE DREAM. DREAMS INCLUDE TRIPS, CRUISES, AND MEETINGS WITH CELEBRITIES, SHOPPING OR A TANGIBLE ITEM SUCH AS COMPUTERS, BEDROOM MAKEOVERS, MUSICAL INSTRUMENTS. IN ADDITION TO FULFILLING EVERY CHILD'S DREAM, STEWARDSHIP IS OF UTMOST IMPORTANCE. DONATED ITEMS AND SERVICES CAN HELP LOWER THE COST OF DREAMS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

FERRARI, BUTLER & MONEYSMAKER PLLC	CYNTHIA FARRELL
BOARD MEMBER	FORMER ED
LEGAL REPRESENTATION	

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization CHILDREN'S DREAM FUND INC	Employer identification number 59-2145821
--	---

EXECUTIVE DIRECTOR, BOARD CHAIR, BOARD TREASURER AND MEMBERS OF THE FINANCE COMMITTEE REVIEW THE TAX RETURN PRIOR TO FILING. FULL BOARD RECEIVES AND REVIEWS THE RETURN ELECTRONICALLY PRIOR AND VOTES TO ACCEPT. FORMAL BOARD REVIEW OCCURS AT THE FIRST MEETING AFTER THE RETURN IS FILED, AND VOTE TO APPROVE IS REFLECTED IN THE MINUTES OF THAT MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS SUBMIT CONFLICT OF INTEREST STATEMENTS ANNUALLY AT THE BOARD MEETING IN FEBRUARY OR WHEN APPOINTED. STAFF MEMBERS ACKNOWLEDGE CONFLICTS OF INTEREST WHEN SIGNING THE EMPLOYEE HANDBOOK WHEN HIRED AND ARE REQUIRED TO NOTIFY THE EXECUTIVE DIRECTOR IF A CONFLICT OF INTEREST ARISES WHILE EMPLOYED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS SALARY SURVEYS ANNUALLY TO DETERMINE IF PAY IS COMMENSURATE WITH OTHER NON-PROFITS WITH SIMILAR BUDGETS AND STAFF POSITIONS. NOTE: NO BOARD MEMBERS, INCLUDING OFFICERS, RECEIVE ANY COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTS SALARY SURVEYS ANNUALLY TO DETERMINE IF PAY IS COMMENSURATE WITH OTHER NON-PROFITS WITH SIMILAR BUDGETS AND STAFF POSITIONS. NOTE: NO BOARD MEMBER INCLUDING OFFICERS RECEIVE ANY COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS AND POLICIES, INCLUDING THE ANNUAL AUDITED

Name of the organization

Employer identification number

CHILDREN'S DREAM FUND INC

59-2145821

FINANCIAL STATEMENTS AND TAX RETURNS, ARE AVAILABLE UPON REQUEST. THE MOST RECENT 990 TAX RETURN, AUDITED FINANCIAL STATEMENTS, THE ASSOCIATION OF FUNDRAISING PROFESSIONALS DONOR BILL OF RIGHTS, AND THE CHILDREN'S DREAM FUND'S PRIVACY POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, WWW.CHILDRENSDREAMFUND.ORG. THE TAX RETURN IS ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

MISCELLANEOUS	\$	275
---------------	----	-----

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 134,796			14		
TOTAL	<u>\$ 134,796</u>					

59-2145821

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 90,518
PARKS AND EVENT TICKETS	336,715
TRANSPORTATION	682,448
ACTIVITIES	12,035
SPECIAL GIFTS	6,312
XXX	51,960
CASH CONTRIBUTION	7,647
XXX	950
CASH CONTRIBUTION	2,085
STOCK	4,548
XXX	20,000
STOCK	20,000
XXX	10,338
CASH CONTRIBUTION	5,000
XXX	5,500
CASH CONTRIBUTION	5,500
XXX	10,000
CASH CONTRIBUTION	10,000
XXX	5,000
CASH CONTRIBUTION	5,000
XXX	10,000
CASH CONTRIBUTION	10,000
XXX	10,000
CASH CONTRIBUTION	10,000
XXX	12,500
CASH CONTRIBUTION	12,500
XXX	11,888
CASH CONTRIBUTION	11,888
XXX	5,000
CASH CONTRIBUTION	5,000
XXX	10,000
CASH CONTRIBUTION	10,000
XXX	25,000
CASH CONTRIBUTION	25,000
XXX	

59-2145821

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 19,101
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	25,000
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	7,841
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	5,540
XXX CASH CONTRIBUTION	10,000
XXX CASH CONTRIBUTION	10,000
XXX CASH CONTRIBUTION	30,000
XXX CASH CONTRIBUTION	7,950
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	18,000
XXX CASH CONTRIBUTION	290
STOCK	5,052
STOCK	5,009
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	5,535
XXX CASH CONTRIBUTION	5,625
XXX CASH CONTRIBUTION	25,000

59-2145821

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
XXX	\$
XXX CASH CONTRIBUTION	15,000
XXX CASH CONTRIBUTION	28,000
XXX CASH CONTRIBUTION	7,500
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	15,000
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	11,301
XXX CASH CONTRIBUTION	10,001
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	5,000
XXX CASH CONTRIBUTION	15,000
XXX CASH CONTRIBUTION	48,489
XXX CASH CONTRIBUTION	20,000
XXX CASH CONTRIBUTION	6,500
XXX STOCK	5,131
XXX RESOURCES	23,400
XXX CASH CONTRIBUTION	<u>23,642</u>
XXX SERVICES & CASH CONTRIBUTION	<u>\$ 1,799,351</u>
TOTAL	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
XXX	\$ 7,647	\$
XXX	7,583	
XXX	20,000	
XXX	10,338	
XXX	5,000	
XXX	5,500	
XXX	10,000	
XXX	5,000	
XXX	10,000	
XXX	10,000	
XXX	12,500	
XXX	11,888	
XXX	5,000	
XXX	10,000	
XXX	25,000	
XXX	19,101	
XXX	5,000	
XXX	5,000	
XXX	25,000	
XXX	5,000	
XXX	7,841	
XXX	5,000	
XXX	5,540	
XXX	10,000	
XXX	10,000	
XXX	30,000	
XXX	7,950	
XXX	5,000	
XXX	18,000	
XXX	10,351	
XXX	5,000	
XXX	5,535	
XXX	5,625	
XXX	25,000	
XXX	15,000	
XXX	28,000	
XXX	7,500	
XXX	5,000	
XXX	15,000	
XXX	5,000	
XXX	11,301	
XXX	10,001	
XXX	5,000	
XXX	5,000	
XXX	5,000	
XXX	15,000	
XXX	48,489	
XXX	20,000	
XXX	6,500	
XXX	5,131	
XXX	23,400	
XXX	23,642	
TOTAL	\$ <u>619,363</u>	<u>0</u>

Schedule A, Part II, Line 10(e)

Description	Amount
XXX	\$ 97,399
TOTAL	\$ 97,399



2023 Children's Dream Fund Board of Directors

David Allen,
Chief Technology Officer
Raymond James Financial
880 Carillon Parkway
St. Petersburg, FL 33716
Years of Board Service: 10

John Bowden, SVP
Moss & Associates
5401 W Kennedy Blvd
Tampa FL 33609
Years of Board Service: 1

Monica Christopher, Chief Marketing Officer
J.S. Held
3906 W Inman Avenue
Tampa, FL 33609
Years of Board Service: 11

David Cospers, AVP and Hospitality Practice Leader
Wallace Welch and Willingham Insurance (W3)
300 1st Ave South, 5th Floor
St. Petersburg, FL 33701
Years of Board Service: 2

Ben Dacheppalli, Attorney at Law
Bradley Arant Boult Cummings, LLP
100 North Tampa Street,
Suite 200 / Tampa, FL 33602
Years of Board Service: 14

John Ferrari, Jr., Estate Planning and Elder Law Attorney
Ferrari, Butler & MoneyMaker, PLLC
2477 Stickney Point Road,
Suite 107B Sarasota, FL 34231
Years of Board Service: 8

Michael Greene, Jr., Senior Construction Manager
Strategic Property Partners, LLC/ 615 Channelside Dr.,
Suite 204 Tampa, FL 33602
Years of Board Service: 4

Kelly Impson, Director of Brand Development
Paul Davis Restoration
1611 Allison Woods Lane
Tampa, FL 3361
Years of Board Service: 1

Rob Jamieson, Board Chair, Attorney at Law/ Guerra King
1408 N. Westshore Blvd, Ste 1010 Tampa, FL 33607
Years of Board Service: 9

Rohom Khonsari, Secretary, Attorney at Law
Khonsari Law Group
150 Second Ave. N., Suite 970
St. Petersburg, FL 33701
Years of Board Service: 9

Nancy Lamson, Treasurer, Community Volunteer
2650 Heron Lane S.
Clearwater, FL 33762
Years of Board Service: 11

Kevin Marshall, Owner
Marshall Advertising
1501 S. Dale Mabry
Tampa, FL 33629
Years of Board Service: 14

Joe Minutolo, Financial Planner, CFS / Rogan and Associates
620 Columbus Drive
Tierra Verde, FL 33715
Years of Board Service: 6

Jennifer Mook, President
Phil Mook Enterprises
1108 W Brandon Blvd
Brandon, FL 33511
Years of Board Service: 2

Christopher Nardi, Wealth Advisor/ Truist Wealth
400 N Tampa Street, Suite 2500
Tampa, FL 33602
Years of Board Service: 3

Ben Oshrine, M.D., Physician
Johns Hopkins All Children's Hospital
501 6th Avenue South
St. Petersburg, FL 33701
Years of Board Service: 3

Saloni Patel / Onicx
16505 Millan de Avila
Tampa, FL 33613 (*home address*)
Years of Board Service: 6

Christy Purser, APMA, CRPC
North South Wealth Management
6710 Professional Pkwy W., Suite 320 Lakewood Ranch, FL 34240
Years of Board Service: 2

Lissette Penrod, Executive and Leadership Recruiter
Stravino Penrod Search Partners
4706 W Melrose Avenue
Tampa, FL 33629 (*home address*)
Years of Board Service: 3

Catherine Ratcliffe, Principle / VP of Operations/ OneDigital
10672 Bloomingdale Ave. Ste 102 / Riverview, FL 33578
Years of Board Service: 1

Eric Ratcliffe, Director of Sales
360 Advanced
200 Central Ave., Suite 2105
St. Petersburg, FL 33701
Years of Board Service: 4

Pawan Shah, Chief Operating Officer / Physician Partners
601 South Harbour Island Blvd.,
Ste 200 Tampa, FL 33602
Years of Board Service: 3

Laura Sherman, Partner
Baldwin Krystyn Sherman Partners
4010 W. Boy Scout Blvd., Suite 200
Tampa, FL 33607
Years of Board Service: 11

Julia Steinbrenner, Foundation Director
New York Yankees
Tampa Foundation
1 Steinbrenner Drive
Tampa, FL 33614
Years of Board Service: 6

Brian Zukoski, VP, Americas Controller
TD SYNEX
5350 Tech Data Dr., M/S A5-4
Clearwater, FL 33760
Years of Board Service: 6



Children's Dream Fund Executive Staff

Amanda Griffin

Executive Director

Years of employment: 10

Agriffin@childrensdreamfund.org

Florida State University – Family and Child Services

Meg Huntley

Director of Development

Years of employment: 1

mhuntley@childrensdreamfund.org

California State University, Long Beach – Communications

Lisa Hawk

Director of Programs and Operations

Years of employment: 7

lhawk@childrensdreamfund.org

University of Florida – Youth, Family, and Community Development



2023 Board Give and Get

Purpose:

An aspirational goal to ensure appropriate levels of board member engagement and participation for the purpose of securing the funds necessary to make dreams come true for children with life-threatening illnesses. For board members to lead by example and to create the foundations for future sustainability for the Children's Dream Fund programs through: (1) raising awareness; (2) stewarding current donors; and (3) cultivating new prospects.

Amount:

5,000

Each board member should strive to achieve an additional \$5,000 as part of his or her 2023 Board Give and Get to secure the funds necessary to meet budgetary requirements for the 2023 calendar year.

Minimum Expectations Towards Achieving Give and Get Goal Includes:

- Supporting the Children's Dream Fund by making a meaningful gift of at least \$500 each calendar year to the annual fund
- Sponsoring a table at the Children's Dream Fund signature event, the Dreammaker Luncheon
- Participating in a minimum of one additional event at the Children's Dream Fund

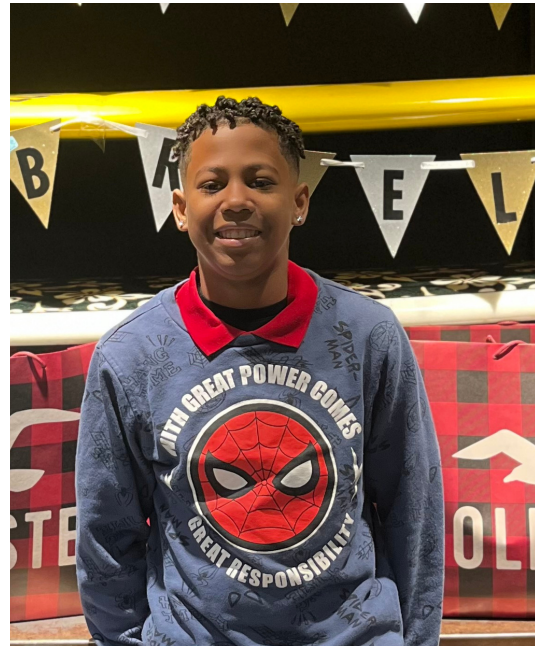
Examples of Give and Get qualifying soft credits:

- Contributions made on behalf of your guest(s) from a staff-driven event
- Sponsorship(s) secured through board member initiative
- Prospect name(s) given to Pamela/CDF staff who become a donor(s)
- Annual Fund campaign(s) initiated through board member to include, but not limited to:
 - Year-end campaign/other campaigns
 - Matching gifts
 - Dream Sponsors
 - Dream Believers
 - Dream Society
 - Share the Dream
 - Social media fundraising
- Additional opportunities
 - Foundations/Grants
 - Kids Who Care
 - Workplace Giving
 - Memorial Gifts
 - Planned Gifts
- Community event(s) initiated through board member
- In-kind donations referred or secured through board member to include, but not limited to:
 - Auction and/or opportunity chance item(s)
 - Vacation home
 - Hotel points
 - Airline miles
 - Other in-kind items to reduce/eliminate expenses for a dream and/or event



The White Family Foundation Dream Children 2007 – 2023

2023	Lilianna	Give Kids the World <i>*Three more dreams will be coming true because of YOU!</i>
2022	Aslan Shrihari Angel Sara	Whale Watching Gaming Computer Set Up Give Kids the World Hawaii
2017	Yabriel Ruqayyah Roxana	Give Kids the World Disney Annual Passes Cruise
2016	Corbin Chloe Lamaya	Hawaii Give Kids the World Disney Cruise
2015	Zach Marissa Jake Demetrick Dylan	Apple Headquarters Meet Taylor Swift Give Kids the World Give Kids the World Hawaii
2014	Olivia Joshua	Give Kids the World Cruise
2013	Payton Samuel Allyssa Francheska Logan	Ski Trip San Francisco Ski Trip Give Kids the World Give Kids the World
2012	MaKenzie	Cruise
2011	Connor Luisa	Nickelodeon Cruise Give Kids the World
2010	Jessica Jesse Kyanna	Give Kids the World Ski Trip Carnival Cruise
2009	Jalien Adam	Give Kids the World Give Kids the World
2008	Isabel Aaron Madison	Give Kids the World Computer Japan Trip
2007	Morgan	Give Kids the World



FAMILY EVALUATION

To better serve our Dream Families in the future, please take a moment to complete this Evaluation. Please return it to us in the enclosed self-addressed stamped envelope.

NAME OF CHILD: Jabriel Tillis
DATE OF DREAM: 03/16/2023
DESCRIPTION OF DREAM: Shopping spree

1. Overall, how would you rate your child's dream?

Excellent Good Fair Poor

2. Were you contacted in a timely manner by the Children's Dream Fund staff after being referred to us?

Excellent Good Fair Poor

3. How was the quality of the dream provided?

Excellent Good Fair Poor

4. Was your dream delivered in a reasonable length of time?

Excellent Good Fair Poor

5. Were the Children's Dream Fund Staff courteous and friendly?

Excellent Good Fair Poor

6. What did the Dream mean to your child and the family?

The dream came right after a long stay at the hospital, so being able to get out and have such a great experience without worrying about cost and driving there was amazing.

7. What was the highlight of the dream?

Riding the limousine! We loved shopping but neither of us have ever rode one before

8. How could we improve on this type of dream?

Honestly everything was so greatly organized, the girls were amazing, i am not sure.



FAMILY EVALUATION

To better serve our Dream Families in the future, please take a moment to complete this Evaluation. Please return it to us in the enclosed self-addressed stamped envelope.

NAME OF CHILD: Noah Hope
DATE OF DREAM: February 16th, 2023
DESCRIPTION OF DREAM: Puppy and Vacation

1. Overall, how would you rate your child's dream?

Excellent Good Fair Poor

2. Were you contacted in a timely manner by the Children's Dream Fund staff after being referred to us?

Excellent Good Fair Poor

3. How was the quality of the dream provided?

Excellent Good Fair Poor

4. Was your dream delivered in a reasonable length of time?

Excellent Good Fair Poor

5. Were the Children's Dream Fund Staff courteous and friendly?

Excellent Good Fair Poor

6. What did the Dream mean to your child and the family?

This dream meant everything to us but just to see Noah so excited to get his puppy was amazing and can't be put into words.

7. What was the highlight of the dream?

Receiving Chip (puppy) and all the extras that came with it. We were beyond shocked with all the supplies that came with Chip.

8. How could we improve on this type of dream?

I'm not sure because we thought and felt everything was perfect.

CINCINNATI OH 45999-0038

In reply refer to: 0248222119
Apr. 14, 2016 LTR 4168C 0
59-2145821 000000 00
00029592
BODC: TE

CHILDRENS DREAM FUND INC
% CYNTHIA LAKE FARRELL
1 PROGRESS PLAZA STE 1830
ST PETERSBURG FL 33701

015385

Employer ID Number: 59-2145821
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Apr. 05, 2016, regarding your tax-exempt status.

We issued you a determination letter in June, 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER NICOLE "NIKKI" FRIED

August 22, 2022

Refer To: CH1278

CHILDREN'S DREAM FUND, INC.
1600 23RD AVE N
SAINT PETERSBURG, FL 33713-4428

RE: CHILDREN'S DREAM FUND, INC.
REGISTRATION#: CH1278
EXPIRATION DATE: August 21, 2023

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Payne
Regulatory Consultant
850-410-3770
Fax: 850-410-3804
E-mail: tianna.baity@fdacs.gov