

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Dream Connection, Inc. D Employer identification number: 58-167821. E Telephone number: 865-966-4343. F Group Exemption Number: 03.

G Accounting Method: [X] Cash [ ] Accrual Other (specify) . . . . . H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.dreamconnection.org

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 135099 40

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [ ]

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue: 131,902.84). Rows 10-17: Expenses (Total expenses: 109,935.55). Rows 18-21: Net Assets (Total: 489,366.75). Includes a 'RECEIVED' stamp dated OCT 04 2019 from OGDEN, UT.

619

Handwritten marks: a vertical line and the number 614.



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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Dream Connection, Inc,

Employer identification number  
58-1678211

**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 or 990-EZ).)
- 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 33 1/3% 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 in 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)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

**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) 201 <del>4</del> <sup>5</sup> | (b) 201 <del>5</del> <sup>6</sup> | (c) 201 <del>6</del> <sup>7</sup> | (d) 201 <del>8</del> <sup>7</sup> | (e) 201 <del>9</del> <sup>8</sup> | (f) Total  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                                                  | 63,495                            | 112,761                           | 94,906                            | 107,474                           | 113,177 14                        | 491,783 14 |
| 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 <b>Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                  | 63,495                            | 112,761                           | 94,906                            | 107,474                           | 113,177 14                        | 491,783 14 |
| 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 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                            |                                   |                                   |                                   |                                   |                                   | 491,783.14 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                       | (a) 201 <del>4</del> <sup>5</sup> | (b) 201 <del>5</del> <sup>6</sup> | (c) 201 <del>6</del> <sup>7</sup> | (d) 201 <del>8</del> <sup>7</sup> | (e) 201 <del>8</del> <sup>8</sup> | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                                                     | 63,495                            | 112,761                           | 94,906                            | 107,474                           | 113,117,14                        | 491,783 14 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .                                                                                         | 14,426                            | 11,884                            | 7,134                             | 30,851                            | 9615 02                           | 73,910 02  |
| 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.) . . . . .                                                                                                                        | 46,207                            | 81,868                            | 25,445                            | 8,802                             | 9110 68                           | 171,433    |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                     |                                   |                                   |                                   |                                   |                                   | 737,126    |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                        |                                   |                                   |                                   |                                   | 12                                | 0          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |                                   |                                   |                                   |                                   |                                   |            |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 201 <del>8</del> <sup>8</sup> (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                    | 14 | 66.71 % |
| 15 Public support percentage from 201 <del>7</del> <sup>7</sup> Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                          | 15 | 64.28 % |
| 16a <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>                                                                                                                                                                |    |         |
| b <b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>                                                                                                                                                             |    |         |
| 17a <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                               |    |         |

**Part 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        |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b> |                |                             |
| 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 1-1/2% of line 3 (for greater amount, see instructions).                                                                                                          | 4        |                |                             |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                                                                                         | 5        |                |                             |
| 6 Multiply line 5 by .035.                                                                                                                                                                                 | 6        |                |                             |
| 7 Recoveries of prior-year distributions                                                                                                                                                                   | 7        |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                                                                                                       | <b>8</b> |                |                             |
| Section C—Distributable Amount                                                                                                                                                                             |          |                | Current Year                |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                                                    | 1        |                |                             |
| 2 Enter 85% of line 1.                                                                                                                                                                                     | 2        |                |                             |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                                                                                                                                   | 3        |                |                             |
| 4 Enter greater of line 2 or line 3.                                                                                                                                                                       | 4        |                |                             |
| 5 Income tax imposed in prior year                                                                                                                                                                         | 5        |                |                             |
| 6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                                                             | 6        |                |                             |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |          |                |                             |

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

| Section D—Distributions                                                                                                                      | Current Year |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                      |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                      |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                  |              |
| 6 Other distributions (describe in Part VI). See instructions.                                                                               |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2019 from Section C, line 6                                                                                       |              |
| 10 Line 8 amount divided by line 9 amount                                                                                                    |              |

| Section E—Distribution Allocations (see instructions)                                                                                                                     | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2019 from Section C, line 6                                                                                                                    |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.                                                   |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2019                                                                                                                         |                             |                                        |                                           |
| a From 2014 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| b From 2015 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| c From 2016 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| d From 2017 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| e From 2018 . . . . .                                                                                                                                                     |                             |                                        |                                           |
| f <b>Total</b> of lines 3a through e                                                                                                                                      |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                            |                             |                                        |                                           |
| h Applied to 2019 distributable amount                                                                                                                                    |                             |                                        |                                           |
| i Carryover from 2014 not applied (see instructions)                                                                                                                      |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                       |                             |                                        |                                           |
| 4 Distributions for 2019 from Section D, line 7 . . . . . \$                                                                                                              |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                            |                             |                                        |                                           |
| b Applied to 2019 distributable amount                                                                                                                                    |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                             |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                                     |                             |                                        |                                           |
| 8 Breakdown of line 7 . . . . .                                                                                                                                           |                             |                                        |                                           |
| a Excess from 2015 . . . . .                                                                                                                                              |                             |                                        |                                           |
| b Excess from 2016 . . . . .                                                                                                                                              |                             |                                        |                                           |
| c Excess from 2017 . . . . .                                                                                                                                              |                             |                                        |                                           |
| d Excess from 2018 . . . . .                                                                                                                                              |                             |                                        |                                           |
| e Excess from 2019 . . . . .                                                                                                                                              |                             |                                        |                                           |