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)

2018

OMB No. 1545-0047

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.

Open to Public Inspection

<u>A</u>	Fo	r the	2018 calend	ar year, or t	ax year beginr	ning	07-0	1 , 2018, and e	ending		06	-30 , 20 19
В	Che	ck if ap	plicable:	C Name of org	ganization Catc	hing the Dream						D Employer identification no.
	Add	ress ch	nange	Doing busin	ness as							85-0360858
Ħ		ne char	-	Number and	d street (or P.O. box	c if mail is not delivered to street add	Iress)		Room/	suite		E Telephone number
Ħ		al retur	•		•	Road Suite 103	,					(505)262-2351
Ħ		nal return/terminated City or town, state or province, country, and ZIP or foreign postal code							_	G Gross receipts		
X		nended return Albuquerque, NM 87110								- 1	·	
									1,,,		_	\$ 761,692
Ш	App	lication	pending		address of principal	-	L		1 ''	Is this a group		
			7.7		as C above				— H(b)	Are all subor		
<u></u>			t status: X	(/ (/) (insert no.) 4947(a))(1) or 5	27				a list. (see instructions)
<u>J</u>	Web	site:			catchingt/	hedream.org			H(c)	Group exer	nption	number
		_	ganization: X		Trust Ass	ociation Other	L	Year of formation:	1986	M State	of lega	I domicile: NM
P	art	ı	Summar	у								
		1	Briefly descri	ibe the orgar	nization's missi	on or most significant activiti	ies: <u>Scho</u>	larship awa	rds w	ere mad	e t	o high
ø			potentia	l Native	American	Students for coll	ege study	. Prioriti	es ar	e math,	en	gineering,
Governance			science,	busines	s, educat:	ion and computers.						
Ĵ.												
Š		2	Check this b	ox 🕨 📙 if th	ne organization	discontinued its operations	or disposed of	more than 25%	of its net	assets.		1
ტ ფ		3	Number of vo	oting membe	ers of the gover	ning body (Part VI, line 1a)					3	9
S		4	Number of in	ndependent v	oting members	s of the governing body (Par	t VI, line 1b)				4	9
ìĦ		5	Total number	r of individua	ls employed in	calendar year 2018 (Part V,	line 2a)				5	3
Activities		6	Total number	r of voluntee	rs (estimate if n	ecessary)					6	
ď		7a	Total unrelate	ed business	revenue from F	Part VIII, column (C), line 12					7a	0
		b	Net unrelate	d business ta	axable income t	from Form 990-T, line 38					7b	0
						,				Prior Year		Current Year
		8	Contributions	s and grants	(Part VIII, line	1h)				503	. 828	
ē	:			-	•	2g)				- 505	, 0 = 0	050,120
ent			_), lines 3, 4, and 7d)				E1	,397	7 62,960
Revenue						es 5, 6d, 8c, 9c, 10c, and 11				31	, 39	
ľ											201	312
	-					must equal Part VIII, column				555		
											,628	190,620
												0
S	:		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							, 831	249,625	
Expenses			Professional fundraising fees (Part IX, column (A), line 11e)								0	
90	-					ımn (D), line 25)		85,463				
ш	i					,				140	,795	138,560
			Total expens	es. Add line	s 13-17 (must e	equal Part IX, column (A), lir	ne 25) • •			588		
		19	Revenue les	s expenses.	Subtract line 1	18 from line 12				(33	,029	182,887
5	ces								Beginnir	ng of Current	Year	End of Year
sets	alan	20	Total assets	(Part X, line	16)					1,859	,876	2,025,355
As	Fund Balances	21	Total liabilitie	es (Part X, lin	ie 26) · · ·					10	,084	8,039
Ž	Ţ.	22			ces. Subtract li	ne 21 from line 20 · · ·				1,849	,792	2,017,316
Pa	art	II	Signatu	re Block								
						n, including accompanying schedule cer) is based on all information of wh			knowledge	and belief, it is	S	
uuc	J, COI	rect, a	na complete. De	ciaration of prep	arer (ourer triair only	cer) is based on all illiornation of wi	iicii preparei nas a	illy knowledge.				
٠.			Dean	Chavers	1							
Sig	gn		Signatur	re of officer							Date	•
He	re		Dean	Chavers	, Executiv	ve Director						
				print name and t	-							
			Print/Type pre	eparer's name		Preparer's signature		Date		Check X	if	PTIN
Pa	id			Hellmer	CPA			07-28-2020		self-employe		P00872342
		arer	Firm's name	>		ellmer CPA			Firm's			
	-	nly		is •		eod NE Suite O			Phone			
		•	5 444700			que NM 87109)5-8	84-5965
May	v the	RS	discuss this	return with th		own above? (see instructions	s)					··· Yes X No

85-0360858

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		v
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> · · · · · · · · · · · · · · · · · ·	10		Λ
••	VII, VIII, IX, or X as applicable.			
а	Didd to the state of the state			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> · · · · · · · ·	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			- 21
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional • • • • • • • • • • • • • • • • • • •	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	441		3.7
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•-	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		Х
) 21		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX column (A) line 12 If "Yes " complete Schedule I. Parts I and II.	21		Х

Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		3.5
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L. Part II	26		v
27	disqualified persons? If "Yes," complete Schedule L, Part II	20		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			21
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		7,7
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		37
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
38	19? Note . All Form 990 filers are required to complete Schedule O.	38	Х	
Part		30	Λ	<u> </u>
. uit	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Schodulo & Contains a response of flote to any line in the fact virial rational in the fact virial ration ration in the fact virial ration in the fact virial ration in the fact virial ration ration in the fact virial ration rati		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	140
b	Enter the number of Form W-2G included in 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?	1c	Х	

18) Catching the Dream

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		Χ
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		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b			
C 142		140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule 0	14a		X
b 15	Too, The Killed a Form 720 to report these payments. If 710, provide all explanation in Confederation	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	4.5		v
		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Man

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 in Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year • • • • • • • • • 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent • • • • • • • • • • • • • • • • • • •			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Dillia and in the house has been been a fell to 0	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
112	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
11a h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		Λ
ь 12а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Statement #17			
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			
19	Describe in 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:			
	The Organiastion (505)262-2351, 8200 Mountain Road NE, Albuquerque, NM 87110-7835			

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Form	990	(2018)	

Catching the Dream

85-0360858

<u>.....</u>.....

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related	organization	comp	ensa	ated	any	curren	t offi	cer, director, or trus	stee.	
		(C)								
(A) Name and Title	(B) Average hours per week (list any	box,	unles	eck m ss per	son is	han one s both ar /trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee Individual trustee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations		
(1) James Lujan President	1.00	Х		Х				0	0	0
(2) Jodie Palmer Secretary	1.00	Х		Х				0	0	0
(3) Dean Chavers Executive Director and Board Member	40.00	Х		Х	Х	Х		55,000	0	0
(4) John Tohtsoni Jr. Treasurer	1.00_	Х		Х				0	0	0
(5) Lester Sandoval, Ed. D. Vice President	1.00	Х		Х				0	0	0
(6) Lynne Okon Scholnick Board Member	1.00	Х						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
<u>(14)</u>										

rait	Section A. Officers, Directors, Trustees, I	rey ⊑mpioye	es, ar	ia H	igne	St	ompe	ensa	ea Employees (C	ontinuea)		
		(C)										
	(A)	(B)	(do n	at obc	Posi		nan one		(D)	(E)		(F)
	Name and title	Average	١,				both an		Reportable	Reportable	E	stimated
		hours per week (list any	office	r and	a dire	ector/	trustee)		compensation from	compensation from related	ar	nount of other
		hours for	악	Ins	잌	₹ e	en Hi	Fo	the	organizations	com	pensation
		related	Individual trustee or director	Institutional trustee	Officer	≺ey employee	ghes ploy	Former	organization	(W-2/1099-MISC)		rom the
		organizations	ual t ctor	iona		nplo	st co		(W-2/1099-MISC)		-	janization d related
		below dotted line)	ruste	l trus		yee	mpe					anizations
		,	ě	stee			Highest compensatec employee					
							ed					
(15)												
<u>_</u> '												
(16)												
<u>_</u> '												
<u>(17)</u>												
7.7/												
<u>(18)</u>												
1.2/												
(19)												
1.2/												
(20)												
<u>(20)</u>												
(21)												
<u>(~ _</u>)												
(22)												
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(23)												
(23)												
(24)												
<u>(24)</u>												
(25)								\dashv				
<u>(25)</u>												
	Sub-total											
C	Total from continuation sheets to Part VII, Sectio											
d	Total (add lines 1b and 1c)			•	•	•			55,000	0		
	Total number of individuals (including but not limited							,	•	U		0
2	reportable compensation from the organization	to those hate	u abov	e) w	1101	ecei	iveu iii	OIE II	iaii \$ 100,000 oi	0		
	reportable compensation from the organization									U		Yes No
3	Did the organization list any former officer, director,	or tructoo ko	w omn	lovo	0 Or	hial	host or	mno	neated			163 140
3	employee on line 1a? If "Yes," complete Schedule J			•		-					3	Х
4	For any individual listed on line 1a, is the sum of repo										3	Λ
-	organization and related organizations greater than \$											
	individual · · · · · · · · · · · · · · · · · · ·										4	v
-											4	X
5	Did any person listed on line 1a receive or accrue co			-			-				-	37
Soction	for services rendered to the organization? If "Yes," con B. Independent Contractors	ompiete Sche	eaule J	ior	SUCT	ı pei	rson			· · · · · · · · ·	5	X
	•	al South and a de-								. f		
1	Complete this table for your five highest compensate											
	compensation from the organization. Report comper	isation for the	calen	dar	year	end	ling wi	in or	within the organiza	ation's tax		
	year.								1	<u> </u>		
	(A)								(B)			(C)
	Name and business address								Description of s	services	Comp	ensation
									1			
2	Total number of independent contractors (including b			se li	sted	abo	ove) wh	10				
	received more than \$100,000 of compensation from	the organizat	tion	ightharpoons								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded from tax Total revenue Related or Unrelated exempt business function revenue revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 1c Related organizations 1d 1e e Government grants (contributions) . . 698,420 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 698,420 **Business Code** Program Service Revenue 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 62,960 62,960 Income from investment of tax-exempt bond proceeds 6a Gross rents **b** Less: rental expenses • • • • c Rental income or (loss) . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 a **b** Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Miscellaneous 900099 312 b d All other revenue

312

63,272

761,692

e Total. Add lines 11a-11d

Total revenue. See instructions

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 a	•		(0)	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.	·	expenses	general expenses	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	190,620	190,620		
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	55,000	22,000	22,000	11,000
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	140,820	56,328	56,328	28,164
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,210	2,484	2,484	1,242
9	Other employee benefits	31,079	12,432	12,432	6,215
10	Payroll taxes	16,516	6,606	6,606	3,304
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	9,637	3,855	3,855	1,927
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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	15,507	6,203	6,203	3,101
14	Information technology				
15	Royalties				
16	Occupancy	18,956	7,582	7,582	3,792
17	Travel	5,207	2,083	2,083	1,041
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 · · · · · ·	1,385	554	554	277
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	` '				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	0.770			0 550
a	Fund raising	9,779	12 400	10 400	9,779
b	Postage Taxes and licenses	31,220	12,488 613	12,488	6,244 306
d	Bank charges and broker fees	1,532 16,856	6,742	613 6,742	3,372
e	All other expenses	28,481	11,391	11,391	5,699
25	Total functional expenses. Add lines 1 through 24e .	578,805	341,981	151,361	85,463
26	Joint costs. Complete this line only if the	370,003	341,301	131,301	03, 103
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	· · · · · · · · · L
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	218,970	1	208,844
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,815	4	3,540
	5	Loans and other receivables from current and former officers, directors,			3,323
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
,,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,634	9	1,592
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 40 , 625			
	b	Less: accumulated depreciation	3,041	10c	1,656
	11	Investments - publicly traded securities	1,629,465	11	1,807,772
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,951	13	1,951
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,859,876	16	2,025,355
	17	Accounts payable and accrued expenses	10,084	17	8,039
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liat		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D	10.004	25	0.000
	26	Organizations that follow SFAS 117 (ASC 958), check here	10,084	26	8,039
s		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	1 272 225	27	1 556 511
alar	28	Temporarily restricted net assets	1,373,325	28	1,556,511
B	29	Permanently restricted net assets	288,650 187,817	29	269,680
<u>.</u>		Organizations that do not follow SFAS 117 (ASC 958), check here	107,017		191,125
or F		complete lines 30 through 34.			
sts (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,849,792	33	2,017,316
	34	Total liabilities and net assets/fund balances	1,859,876	34	2,025,355
			=, 322, 2.0		=,,==,,==

Form	1990 (2018) Catching the Dream	85-03608	358	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> - 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		761,6	592
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	!	578,8	305
3	Revenue less expenses. Subtract line 2 from line 1	- 3		182,8	387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	1,	349,7	792
5	Net unrealized gains (losses) on investments	- 5		(15,3	
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	- 10	2,	017,3	316
Pa	rt 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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	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:				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
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?		- 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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

2018

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

85-0360858 Catching the Dream Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Χ 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 U 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

85-0360858

90 or 990-EZ) 2018 Catching the Dream 85-0360858
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

000	tion A. I abiic Capport						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	574,166	627,032	453,827	503,828	698,420	2,857,273
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 5	Total. Add lines 1 through 3 · · · · · · · . The portion of total contributions by	574,166	627,032	453,827	503,828	698,420	2,857,273
	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)						7,377
6	Public support. Subtract line 5 from line 4						2,849,896
	tion B. Total Support		<u> </u>	() 22/2	() 22.5	() 22/2	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	574,166 54,688	627,032 51,831	453,827 43,042	503,828 51,397	698,420 62,960	2,857,273
9	Net income from unrelated business activities, whether or not the business is regularly carried on	34,000	31,031	13,012	31,391	02,300	203,910
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		4,111	5,545		312	9,968
11	Total support . Add lines 7 through 10		•	,			3,131,159
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13 Sec	First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su	·		•	` ' ' '		▶□
14	Public support percentage for 2018 (line 6, c	• •)		14	91.02 %
15	Public support percentage from 2017 Sched				ı	<u> </u>	94.67 %
	33 1/3% support test - 2018. If the organiza						
	box and stop here. The organization qualifie	es as a publicly sup	oorted organization				▶ 🏻
b	33 1/3% support test - 2017. If the organiza	tion did not check a	box on line 13 or	16a, and line 15 is 3	33 1/3% or more, cl	heck	
	this box and stop here . The organization qu	alifies as a publicly	supported organiza	ation			▶ □
17a	10%-facts-and-circumstances test - 2018.	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 t	he "facts-and-circu	nstances" test, che	ck this box and sto	pp here. Explain in		
	Part VI how the organization meets the "facts		-				_
	organization						▶ 🛚
b	10%-facts-and-circumstances test - 2017.	_					
	15 is 10% or more, and if the organization m			•	•		
	Explain in Part VI how the organization meet						. \Box
40	supported organization						▶ ⊔
18	Private foundation. If the organization did n						. □
	instructions						▶ ∐

85-0360858

90 or 990-EZ) 2018 Catching the Dream 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								
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
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 and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·							
8	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support		ı	1		Γ	 	
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for the org organization, check this box and stop here			•	, , , ,		▶ 📋	
	Ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •		2)		45		
15 16	Public support percentage for 2018 (line 8, co						<u>%</u>	
16 Sed	Public support percentage from 2017 Scheduction D. Computation of Investme					10	70	
17	Investment income percentage for 2018 (line			lumn (f))		17	%	
18	Investment income percentage from 2017 Sci		-			18	%	
19a	33 1/3% support tests - 2018. If the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the organization of the support tests - 2018, if the support test - 2018, if the support tests -		·				▶ □	
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ox and stop here.	The organization of	ualifies as a public	ly supported organiz	zation • • • •	_	
20	Private foundation. If the organization did no	ot check a box on li	ne 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	0.		
	3b		
	3c		
	4a		
	→ a		
	4b		
	40		
	4c		
	5a		
	Ja		
	5b		
	5c		
	_		
	6		
	7		
	8		
	9		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
A (Fo	rm 990 d	or 990-E	Z) 2018

Pai	t IV Supporting Organizations (continued)				
			Yes	No	
	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.			
	below, the governing body of a supported organization?	11a			
	A family member of a person described in (a) above?	11b			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	11c		<u> </u>	
<u> </u>	tion B. Type i Supporting Organizations		Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110	
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the				
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or				
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	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</i> "Yes," <i>explain in Part</i>				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.	2			
Sec	tion C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed				
	the supported organization(s).	1			
Sec	tion D. All Type III Supporting Organizations		V	NI-	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No	
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a				
	significant voice in the organization's investment policies and in directing the use of the organization's				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.	3			
Sec	tion 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 inst	ructio	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins		— <u> </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,				
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.	2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more				
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the				
	reasons for the organization's position that its supported organization(s) would have engaged in these				
	activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>				
а	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? Provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	,	1	

Schedule A (Form 990 or 990-EZ) 2018 Catching the Dream		85-036	0858	Page (
Part V Type III Non-Functionally Integrated 509(a)(3)				
1 Check here if the organization satisfied the Integral Part Tes		•	,	
instructions. All other Type III non-functionally integrated s	upporting organization	s must complete Section		
Section A - Adjusted Net Income		(A) Prior Year	1 ` ′	rent Year
	T .	(. 7,	(op	tional)
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 of	r I			
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instruc	,			
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	1 ` ′	rent Year tional)
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 g	reater amount,			
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Currer	nt Year
1 Adjusted net income for prior year (from Section A, line 8, Colui	mn A) 1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Co	olumn 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 subje	ect to			
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a	non-functionally integr	rated Type III supporting	organizatio	n (see
instructions).	, 0		-	•

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

Sched	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	85-030 vations (continued)	60858 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt 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	s of supported organizati	ons	
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	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
ī	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

e Excess from 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Catching the Dream

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

85-0360858

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 or 990-EZ), 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization Employer identification number
Catching the Dream 85-0360858

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Peter and Adeline Ruffin Foundation 1 **Payroll** Noncash 25,000 1192 Park Avenue Suite 14A (Complete Part II for New York, NY 10128 noncash contributions.) (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person Payroll**

(a)

No.

(b)

Name, address, and ZIP + 4

Person Payroll Noncash Complete Part II for noncash contributions.)

Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

(d)

Type of contribution

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number Catching the Dream 85-0360858 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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) Yes and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	ule D (Form 990) 2018 Catching the Dr						85-036			age 2
Pai	rt III Organizations Maintaining C	ollections	of Art, Hi	storical Tr	reasures, o	or Othe	r Similar As	sets (cor	ntinue	d)
3	Using the organization's acquisition, accession, a	and other reco	ords, check an	y of the follow	ing that are a	significar	nt use of its			
	collection items (check all that apply):									
а	Public exhibition	d [Loan or ex	change progra	ams					
b	Scholarly research	е [Other							
С	c Preservation for future generations									
4	Provide a description of the organization's collect	tions and exp	lain how they t	urther the org	janization's ex	cempt pur	pose in Part			
	XIII.									
5	During the year, did the organization solicit or red	ceive donation	ns of art, histor	ical treasures	, or other simi	ilar		_		_
_	assets to be sold to raise funds rather than to be		s part of the o	ganization's o	collection?			📙 ՝	Yes	No
Pa	rt IV Escrow and Custodial Arrang	•								
	Complete if the organization an	iswered "Y	es" on Forr	n 990, Par	t IV, line 9,	or repo	orted an amo	unt on Fo	_' rm	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian of									_
								⊔`	Yes [No
b	If "Yes," explain the arrangement in Part XIII and	complete the	following table	9 :						
						-	A	mount		
С	Beginning balance					.0				
d	Additions during the year						+			
e	Distributions during the year Ending balance						+			
f	<u> </u>							П,	/ 22 [
2a	Did the organization include an amount on Form					•		□ ,	ř	No
Pai	If "Yes," explain the arrangement in Part XIII. Chert V Endowment Funds.	eck nere ii the	e explanation r	ias been prov	ided on Part /	<u> </u>			<u> [</u>	
ı u	Complete if the organization an	swered "Y	es" on Forr	n 990 Par	t IV line 10	1				
	Complete if the organization an						(d) Three years has	(a) Fau		a alı
1a	Beginning of year balance	(a) Current	year (b	Prior year	(c) Two years	S Dack	(d) Three years bac	(e) FOL	r years ba	ack
b	Contributions					+				
C	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
·	programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the current	vear end bala	nce (line 1a c	olumn (a)) he	eld as:			I		
a	Board designated or quasi-endowment	-		(//						
b	Permanent endowment • %									
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3a	Are there endowment funds not in the possession	•	nization that ar	e held and ad	ministered for	r 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 organization	s listed as re	quired on Sch	edule R?				3b		
4	Describe in Part XIII the intended uses of the org	janization's er	ndowment fund	ds.						
Pa	rt VI Land, Buildings, and Equipm									
	Complete if the organization an	swered "Y	es" on Forr	n 990, Par	t IV, line 11	la. See	Form 990, P	art X, line	<u>: 10.</u>	
	Description of property	1 ' '	ost or other basis	1 ' '	or other basis		Accumulated	(d) Boo	ok value	
			(investment)		(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	• • •			40,625		38,969		1,6	556
е	Other	· · ·								
Total	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990, F	Part X, column	(B), line 10c.)			▶		1,6	556

Schedule D (Forn		ream	85-036	5 0858 Pag
Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt 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 valuatio Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
· /	n) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990. Pa	rt IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	on:
(1) Land		1,951	Cost	
(2)		1,951	COSC	
(3)		 		
(4)				
(5)				
(6)				
(7)		+		
(8)		+		
(9)				
Total. (Column (b	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	1,951		
rail IX	Complete if the organization answere	od "Voo" on Form 000 Do	rt IV line 11d See Form 000	Dort V line 15
	· · · · · · · · · · · · · · · · · · ·		Try, line 11d. See 1 omi 990,	
(4)	(a) 1	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Forn	n 990, Part X,
	line 25.	1		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)		1		

1.	(a) Description of liability	(b) Book value
(1) Federal i	ncome 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII • • • • • • • □

EEA Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number Catching the Dream 85-0360858 Part I General Information on Grants and Assistance 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. (f) Method of valuation (g) Description of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Catching the Dream 85-0360858

Page 2

Schedule I (Form 990) (2018)

Grants and Other Assistance to I Part III can be duplicated if addition			ne organization ansv	vered "Yes" on Form 990	, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ollege scholarships granted to					
ndividuals					
GA Grants to schools					
eading awards to schools					
IV Supplemental Information. Provide	de the information re	equired in Part I, li	ne 2; Part III, colum	n (b); and any other addit	tional information.

EEA Schedule I (Form 990) (2018)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Catching the Dream 85-0360858 01. Amended return information Form 990, as filed, did not report officer's compensation. Officer compensation was included with "other salaries and wages." Amended Form 990 properly reports the officer's compensation. 02. Form 990 governing body review (Part VI, line 11) Explanation: The retrun is prepared by an independent accounting firm. The complete return is provided to the Members of Catching the Dream's Board of Directors prior to filing. 03. CEO, executive director, top management comp (Part VI, line 15a) Members of the Board of Directors receive no compensation. The Executive Director's compensation is determined by the Board of Directors. 04. Governing documents, etc, available to public (Part VI, line 19) Expanation: The Organization makes its Form 990 and financial statements available upon request. It also provides these documents to the New Mexico Attorney Generals Charitable Organization Division.

	Federal Supporting Statements	2018 PG01
Name(s) as shown on return		Tax ID Number
Catching the Dream		85-0360858

Form 990, Part VI, Section C, line 17

Statement #017

States where a copy of this Form 990 is required to be filed:

Maryland
Minnesota
New Hampshire
New Jersey
New Mexico
New York
Pennsylvania
Washington