

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Dreams with Wings, Inc Jack O'Lantern Stroll
Applicant Requested Amount: 750
Appropriation Request Amount: 750

Executive Summary of Request

Funding will be used for expenses related to the Jack O'Lantern Stroll.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

8
District #


Primary Sponsor Signature

750
Amount

9/21/17
Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman

Date

Final Appropriations Amount: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Dreams with Wings, Inc.

Program Name and Request Amount Jack O'Lantern Stroll, \$750

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes <input type="checkbox"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes <input type="checkbox"/>
Is the proposed public purpose of the program viable and well-documented?	Yes <input type="checkbox"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes <input type="checkbox"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	N/A <input type="checkbox"/>
Has prior Metro Funds committed/granted been disclosed?	Yes <input type="checkbox"/>
Is the application properly signed and dated by authorized signatory?	Yes <input type="checkbox"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes <input type="checkbox"/>
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A <input type="checkbox"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	Yes <input type="checkbox"/>
Is the current Fiscal Year Budget included?	Yes <input type="checkbox"/>
Is the entity's board member list (with term length/term limits) included?	Yes <input type="checkbox"/>
Is recommended funding less than 33% of total agency operating budget?	Yes <input type="checkbox"/>
Does the application budget reflect only the revenue and expenses of the project/program?	Yes <input type="checkbox"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A <input type="checkbox"/>
Is the most recent annual audit (if required by organization) included?	Yes <input type="checkbox"/>
Is a copy of Signed Lease (if rent costs are requested) included?	N/A <input type="checkbox"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A <input type="checkbox"/>
Are the Articles of Incorporation of the Agency included?	Yes <input type="checkbox"/>
Is the IRS Form W-9 included?	Yes <input type="checkbox"/>
Is the IRS Form 990 included?	Yes <input type="checkbox"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A <input type="checkbox"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A <input type="checkbox"/>
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	Yes <input type="checkbox"/>

Prepared by: Jasmine Masterson

Date: 9/21/17

DREAMS WITH WINGS, INC.**General Information**

Organization Number	0496528
Name	DREAMS WITH WINGS, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/21/2000
Organization Date	6/21/2000
Last Annual Report	1/19/2017
Principal Office	1579 BARDSTOWN ROAD LOUISVILLE, KY 40205
Registered Agent	JENIFER FROMMEYER 1579 BARDSTOWN RD LOUISVILLE, KY 40205

Current Officers

President	<u>Mitzi Wyrick</u>
Secretary	<u>David Harris</u>
Treasurer	<u>Susan Egger</u>
Director	<u>Debbie Sexton</u>
Director	<u>Mimi Green</u>
Director	<u>Valerie Combs</u>
Director	<u>Diane Haag</u>
Director	<u>Michael Boone</u>
Director	<u>Christina Miller</u>
Director	<u>Debbie Sexton</u>
Director	<u>Charles Callihan</u>

Individuals / Entities listed at time of formation

Director	<u>MARGE HILLENMEYER</u>
Director	<u>JENIFER FROMMEYER</u>
Director	<u>KAREN CASSIDY</u>
Director	<u>MILDRED PRUITT</u>
Director	<u>JANE EMKE</u>
Director	<u>JANE NAISER</u>
Director	<u>MARY SCHEEN</u>
Incorporator	<u>JENIFER FROMMEYER</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	1/19/2017	1 page	<u>PDF</u>
<u>Annual Report</u>	1/28/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	3/10/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	6/17/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	7/5/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	6/14/2012	1 page	<u>PDF</u>
<u>Annual Report</u>	5/6/2011	1 page	<u>PDF</u>
<u>Annual Report</u>	5/11/2010	1 page	<u>PDF</u>
<u>Annual Report</u>	7/8/2009	1 page	<u>PDF</u>
<u>Annual Report</u>	1/16/2008	1 page	<u>PDF</u>
<u>Annual Report</u>	6/1/2007	1 page	<u>PDF</u>
<u>Annual Report</u>	3/3/2006	1 page	<u>tiff</u> <u>PDF</u>
<u>Annual Report</u>	3/14/2005	1 page	<u>PDF</u>
<u>Annual Report</u>	5/5/2003	1 page	<u>tiff</u> <u>PDF</u>
<u>Annual Report</u>	8/27/2002	1 page	<u>tiff</u> <u>PDF</u>
<u>Annual Report</u>	8/15/2001	1 page	<u>tiff</u> <u>PDF</u>
<u>Amendment</u>	5/18/2001	2 pages	<u>tiff</u> <u>PDF</u>
<u>Articles of Incorporation</u>	6/21/2000	6 pages	<u>tiff</u> <u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/19/2017 10:47:22 AM	1/19/2017 10:47:22 AM	
Annual report	1/28/2016 12:09:02 PM	1/28/2016 12:09:02 PM	
Annual report	3/10/2015 9:18:27 AM	3/10/2015 9:18:27 AM	
Annual report	6/17/2014 3:30:05 PM	6/17/2014 3:30:05 PM	
Annual report	7/5/2013 8:12:14 AM	7/5/2013 8:12:14 AM	
Annual report	6/14/2012 10:25:14 AM	6/14/2012 10:25:14 AM	
Annual report	5/6/2011 12:58:34 PM	5/6/2011 12:58:34 PM	
Annual report	5/11/2010 3:43:32 PM	5/11/2010 3:43:32 PM	
Annual report	7/8/2009 9:34:14 AM	7/8/2009 9:34:14 AM	
Annual report	1/16/2008 1:10:47 PM	1/16/2008 1:10:47 PM	
Annual report	6/1/2007 10:55:21 AM	6/1/2007 10:55:21 AM	
Annual report	3/3/2006 10:39:28 AM	3/3/2006	
Annual report	3/14/2005	3/14/2005	

Registered agent address change	5/4/2004 2:11:32 PM	5/4/2004
Annual report	3/19/2004	3/19/2004
Amendment - Miscellaneous amendments	5/18/2001 1:49:45 PM	5/18/2001
Add	6/21/2000 10:05:08 AM	6/21/2000

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:10:42 PM	1 page
Statement of Change	5/4/2004	1 page
Annual Report	5/5/2003	1 page
Annual Report	8/27/2002	1 page
Annual Report	8/15/2001	1 page
Amendment	5/18/2001	2 pages
Articles of Incorporation	6/21/2000	5 pages

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Dreams With Wings, Inc. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1579 Bardstown Road			
Website: www.dreamswithwings.org			
Applicant Contact:	Jenifer Frommeyer	Title:	Executive Director
Phone:	502-459-4647	Email:	j.frommeyer@dreamswithwings.org
Financial Contact:	Deon Stokes	Title:	HR/Business Admin
Phone:	502-459-4647	Email:	dstokes@dreamswithwings.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1579 Bardstown Road		
Council District(s):	8	Zip Code(s):	40205
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Dreams With Wings Jack O'Lantern Stroll			
Total Request: (\$)	750	Total Metro Award (this program) in previous year: (\$)	1500
Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense	Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable		
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	LM Dept of Economic Development	Amount: (\$)	6,800
Source:	LM Community Services	Amount: (\$)	23,000
Source:	LM Community Services	Amount: (\$)	15,500
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Dreams With Wings mission is to empower individuals with intellectual and developmental disabilities and autism as recognize their strengths, contribute to their community and pursue their dreams.

Services offered include respite, OT/PT and Speech Therapy, youth summer camp, community living support, case management, supported employment, adult day programming, behavior services, home support and staffed residents and apartments.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
Attached Board Listing	

Describe the Board term limit policy:

Three Highest Paid Staff Names	Annual Salary
Jenifer Frommeyer	80,000
Deon Stokes	65,000
Carolyn Bunton	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Jack O' Lantern Stroll is one of the premier Halloween events in Kentuckiana, attracting thousands of people for this one night of fun in the historic Highlands neighborhood! In addition to the beautifully carved pumpkins lighting the night, the Stroll offers trick or treating games, crafts, Louisville's largest pumpkin pie, Krispy Kreme Doughnuts, live music and so much more! The Stroll will be held on October 20, 2017 from 6pm-9pm at St. Francis of Assisi. We're Coming Home to the Highlands!

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Funding will be used to purchase supplies for the Stroll, specifically craft making supplies and booth "treats".

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

Funding will be used to purchase craft making supplies and booth "treats" for the Stroll.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Booth "treats" and Crafts. Attached receipt from 2016 Stroll shows \$906.34 spent on these supplies. We anticipate ordering the same amount this year 2017.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The Jack O' Lantern Stroll provides our agency and mission partners the opportunity to give back to the Metro community. Children of "all ages" join together for an evening of safe family fun in a one of a kind setting. This event encourages our community to recognize the gifts and talents of those with disabilities. We believe everyone has something valuable to contribute to society!

Success of the Stroll will be determined by attendance and feedback from participants.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Down Syndrome of Louisville and FEAT - partner for summer camp

Meals On Wheels - Dreams Adult Day Training program delivers meals to individuals unable to leave their residences several days a week as an ongoing volunteer project

Metro Parks Adapted Leisure Activities. Individuals served by DWW attended programs provided at Adapted Leisure.

Arts Reach/KY Center for the Arts - Awards Dreams many artistic privileges in the form of artist participation and performances

Mission partners providing volunteers hours and donations for the Stroll include the following:

Heitzman's Traditional Bakery

Tom Drexler Plumbing

Dean, Dorton, Allen & Ford

DMLO

Kool Smiles

League of Mascots

St. Francis of Assisi

St. Xavier Football Team

Bellarmino and U of L Student Athletes

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits		5000	
B: Rent/Utilities			
C: Office Supplies		350	
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials		2400	
I: Community Events & Festivals (See Detailed List on Page 8)	750		
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	750	7750	8500
% of Program Budget	9 %	91 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	6000
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Column 2 Expenses **</i>	6000

**Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

***Must equal or exceed total in column 2.*

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Jack O'Lantern Stroll Booth Treat Items	750		
- attached list shows previous year's order			
Total	750		

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	2175	75 Vol x 4 hours x \$7.25
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	2175	

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1, 2017

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

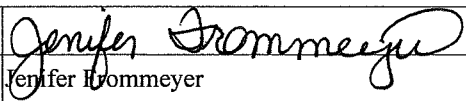
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	9/7/2017
Legal Signatory: (please print):	Jennifer Frommeyer	Title:	Executive Director
Phone:	502-459-4647	Extension:	
Email:	j.frommeyer@dreamswithwings.org		

* 2017 NSF Request will PAY for ITEMS SHOWN BELOW

Shipped Jackie Woolum
To: 11521 Bragg Avenue
Louisville, KY
40243
jmorgan@dreamswithwings.org

Billed DREAMS WITH WINGS
To: Jenifer Frommeyer
1579 Bardstown Rd
Louisville, KY
40205

The Fun Stuff:

You may also [view your order online here.](#)

Item#	Item Name	Qty	Unit Price	Subtotal
13606070	WICKEDLY FUN TATTOOS	12	2.48	29.76
13706481	CYO WITCH HAT CROWN	40	1.98	79.20
48/7016	CYO HALLOWEEN FRIENDS SHAPED BOOKMARKS	10	8.99	89.90
48/3810	MAGIC COLOR SCRATCH HALLOWEEN SHAPES	20	6.99	139.80
25/6084	ASSORTED COLOR GHOSTS CANDY	5	5.98	29.90
/K1087	TOOTSIE ROLL CANDY	3	8.99	26.97
25/5486	WITCHY WART CANDY	5	5.98	29.90
13703258	PEANUTS HALLOWEEN GLIDERS	2	8.75	17.50
25/2509	HALLOWEEN FLASHLIGHT KEYCHAINS	6	5.99	35.94
25/2176	MINI HALLOWEEN FLASHLIGHT ON A ROPE	3	7.50	22.50
13668790	PLUSH CLASSIC MONSTER HEADS	6	13.48	80.88
25/3989	PINE NEEDLE PLUSH GHOST	3	14.99	44.97
25/5547	STRETCHY FLYING BUGS	6	7.98	47.88
39/163	G-I-D SPIDER RINGS	6	5.70	34.20
25/2420	HALLOWEEN MOLDED POPPERS (6DZ)	12	4.25	51.00
25/1323	HALLOWEEN SPIN TOPS	6	6.99	41.94
25/3967	PLASTIC JUMPING SPIDERS (2")	6	4.50	27.00
25/2524	HALLOWEEN WIGGLE EYE STICKERS (6DZ)	12	2.68	32.16
25/2671	HALLOWEEN MINI ERASER ASSORT. 720 PCS.	3	14.98	44.94

Order Subtotal: **\$906.34**

Shipments: 1
Charges: \$0.00

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 17 2004

Employer Identification Number:

DLN:

17053290718004

Contact Person:

ERIC J BERTELSEN

ID# 31323

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

509(a)(2)

DREAMS WITH WINGS INC
1579 BARDSTOWN RD
LOUISVILLE, KY 40205-0000

Dear Applicant:

Our letter dated DECEMBER 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

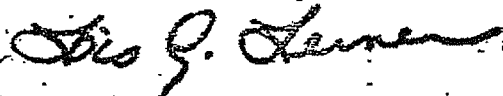
Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

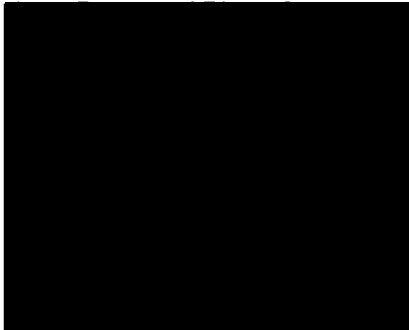
Dreams With Wings, Inc.

Board of Directors

All Members of the Board are citizens of the United States

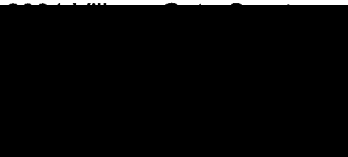
(Terms are for one year with no limit to renewal)

Mitzi Wyrick, President (5/2007)



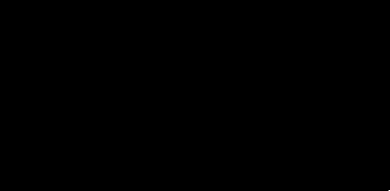
NO ORGANIZATIONAL AFFILIATION

Mimi Green (5/2012)



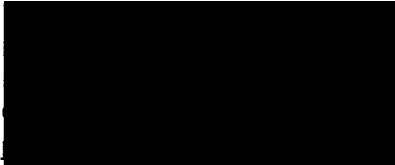
BROTHER IS A CLIENT IN PROGRAM

David C. Harris, Secretary (5/2009)

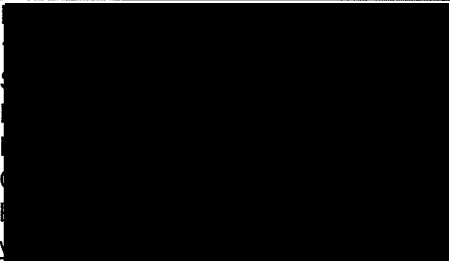


NO ORGANIZATIONAL AFFILIATION

Paul Esselman (7/2017)

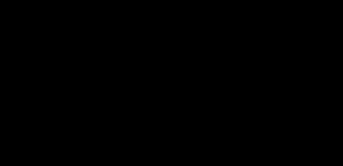


Valerie Owens Combs (10/2015)



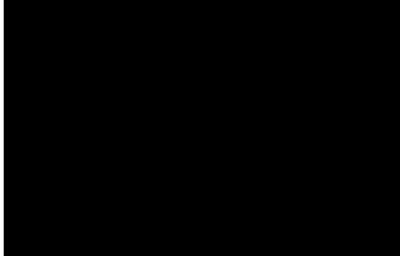
NO ORGANIZATIONAL AFFILIATION

Diane Haag, Attorney



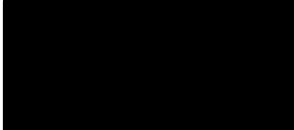
NO ORGANIZATIONAL AFFILIATION

Michael Boone (5/2007)



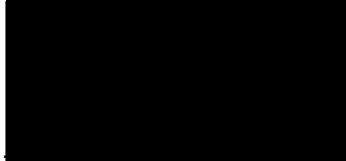
NO ORGANIZATIONAL AFFILIATION

Christina Miller (8/2016)



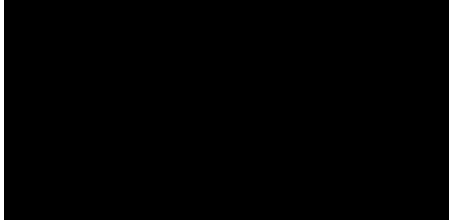
St. Joseph Children's Home

Debby Sexton, Treasurer (5/2013)



NO ORGANIZATIONAL AFFILIATION

Jenifer Frommeyer, Executive Director (6/2000)



Joe Ammerman, Vice President (7/2017)

1888 Rutherford Avenue

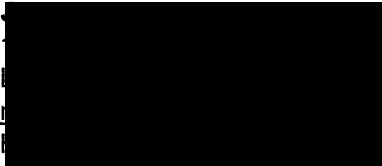
Louisville, KY 40205

Cell: 502-345-5549

Home: 458-0235

joseph_ammerman@twc.com

Emeritus (Non-Voting Member)



DAUGHTER IS A CLIENT IN PROGRAM

Form **990** **Return of Organization Exempt From Income Tax** **2015**

Department of the Treasury Internal Revenue Service
990 Under section 501(c)(27), or 4947(f)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.
 A For the 2015 calendar year, or tax year beginning **JUN 1, 2015** and ending **JUN 30, 2016**
 B Check if applicable:
 C Name of organization
 D Employer identification number

DREAMS WITH WINGS, INC.
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1579 BARDSTOWN RD.
 City or town, state or province, county and ZIP or foreign postal code
LOUISVILLE, KY 40205
 F Name and address of principal officer: **JENTIFER FROMMEYER** **40205**
1579 BARDSTOWN ROAD, LOUISVILLE, KY 40205
 J Tax-exempt status: 501(c)(3) 501(c)1 501(c)29 (list no.) 4947(f)(1) or 527
 K Form of organization: Trust Association Other 1 Year of formation: **2010** M State of legal domicile: **KY**

Part I Summary
 1. Intellectual disabilities, developmental disabilities and autism as
 2. Check this box if the organization discontinued its operations or disposed of more than 95% of its net assets.
 3. Number of voting members of the governing body (Part VI, line 1a) **3**
 4. Number of independent voting members of the governing body (Part VI, line 1b) **8**
 5. Total number of individuals employed in calendar year 2015 (Part V, line 2a) **212**
 6. Total number of volunteers (estimate if necessary) **100**
 7. Total unrelated business revenue from Part VIII, column (C), line 12 **0.**
 8. Net unrelated business taxable income from Form 990-T, line 34 **0.**

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1b) 371,080.	201,196.	201,196.
9 Program service revenue (Part VIII, line 2a) 4,314,941.	4,442,800.	4,442,800.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 67.	17.	17.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, and 11a) 97,551.	96,231.	96,231.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,783,639.	4,740,244.	4,740,244.
13 Grants and similar amounts paid (Part IX, column (A), line 1a) 0.	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,559,578.	3,737,266.	3,737,266.
16a Professional fundraising fees (Part IX, column (A), line 11a) 5,146.	0.	0.
16b Total fundraising expenses (Part IX, column (D), line 29) 46,271.	1,253,754.	1,435,121.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11e-11g) 4,818,478.	5,172,387.	5,172,387.
18 Total expenses - add lines 13 through 17 (must equal Part IX, column (A), line 29) <34,839.>	<4,321,143.>	<4,321,143.>
19 Revenue less expenses (Subtract line 18 from line 12) 1,202,055.	1,293,187.	1,293,187.
20 Total assets (Part IX, line 6) 1,755,485.	1,755,485.	1,755,485.
21 Total liabilities (Part IX, line 26) 1,202,055.	1,202,055.	1,202,055.
22 Net assets or fund balance (Subtract line 21 from line 20) 553,430.	553,430.	553,430.

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

Officer
 Signature of officer: **JENTIFER FROMMEYER, EXECUTIVE DIRECTOR** Date: _____
 Preparer
 Signature of preparer: **MELINDA L. HECK** Preparer's signature: _____ Date: _____
 Firm's name: **DEKING MALONE LIVESAY & OSTROFF PSC** Firm's EIN: _____
 Firm's address: **9300 SHEPHERD ROAD SUITE 1100** Phone no.: **(502) 426-9660**
LOUISVILLE, KY 40222-5187 Yes No

Make the IRS discuss this return with the preparer shown above? (See instructions)
 15a-15c LHA - Fee Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)
SBE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2015) **DREAMS WITH WINGS, INC.** Page 2
Part III Statement of Program Service Accomplishments
 Check if Schedule O contains a response or note to any line in this Part III
 1 Briefly describe the organization's mission: **TO EMPOWER INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM AS THEY RECOGNIZE THEIR STRENGTHS, CONTRIBUTE TO THEIR COMMUNITY AND PURSUE THEIR DREAMS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 4 Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. If "Yes," describe these changes on Schedule O.
 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 (Code: **PROVIDED HOUSING AND COMMUNITY SUPPORT SERVICES TO INDIVIDUALS WITH INTELLECTUAL DISABILITIES, DEVELOPMENTAL DISABILITIES AND AUTISM.**)
 Expenses \$ **4,511,482.** (including grants of \$ **4,460,000.**)
 Revenue \$ _____

Code	Expense \$	Including grants of \$	Revenue \$
4b	_____	_____	_____
4c	_____	_____	_____
4d	_____	_____	_____

4e Other program services (Describe in Schedule O)
 Expenses \$ _____ including grants of \$ _____ Revenue \$ _____
 4f Total program service expenses **4,511,482.**

Part IV Checklist of Required Schedules	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(b)(1) (other than a private foundation)?	X	
2 If "Yes," complete Schedule A	X	
3 Is the organization required to complete Schedule B, Schedule of Contributions?	X	
4 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	X	
5 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
6 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 98-10? If "Yes," complete Schedule C, Part III	X	
7 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 of investment amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
8 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	X	
9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
10 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	X	
11 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
12 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XII and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then complete Schedule D, Parts XII and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9d? If "Yes," complete Schedule G, Part III	X	

Part IV Checklist of Required Schedules (continued)	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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	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	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, Part I	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	X	
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	X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	X	
26 Did the organization report any amount on Part X, line 5, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c 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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributors? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?	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	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 N, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule N, Part V, line 2	X	
36 Section 501(c)(3) organizations: Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule N, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V	X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	1a	21	Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	2a	212		
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			
b	If at least one is reported on the 2a, did the organization file all required federal employment tax returns?	2b	X		
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a			
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X		
b	If "Yes," enter the name of the foreign country: _____	4b			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X		
c	If "Yes," to line 5a or 5b, did the organization file Form 8869-17	5c	X		
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):	7a	X		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828?	7c	X		
d	If "Yes," indicate the number of Forms 8828 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8869 as required?	7g	X		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X		
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	X		
9	Sponsoring organizations maintaining donor advised funds:	9a			
a	Did the sponsoring organization make any taxable distributions under section 4967?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(17) organizations. Enter:	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	11a			
a	Gross income from members or shareholders	11a			
b	Amounts due or received from them	11b			
12a	Section 4947(e)(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:	13a			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
b	Note. See the instructions for additional information. The organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for underwriting services during the tax year?	14a	X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

Section A. Governing Body and Management		1a	8	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
b	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.	1b			
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	X		
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 management 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, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	6	X		
7a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a	X		
7b	Describe the circumstances, process, or changes in Schedule O.	7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X		
a	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		10a			
10a	Did the organization have local chapters, branches, or affiliates?	10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a			
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X		
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X		
d	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12d	X		
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? a The organization's CEO, Executive Director, or top management official	15a	X		
b	Other officers or key employees of the organization	15b	X		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	16a			
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	X		
c	If "Yes," did the organization follow a written policy or procedure regarding 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?	16c			
Section C. Disclosure		17			
17	List the states with which a copy of this Form 990 is required to be filed: KY	17			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024, 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input type="checkbox"/> Other (explain in Schedule O)	18			
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.	19			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: EXECUTIVE DIRECTOR - 502-459-4647 1579 BARBOSTOWN ROAD, LOUISVILLE, KY 40205	20			

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.
 Enter -0- in columns (d), (e), and (f) if no compensation was paid.
 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 • List the organization's five 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 officers; institutional trustees; key employees; highest compensated employees; and former such persons.
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee			
(1) MITZI WATKIN PRESIDENT	1.00	X				0.	0.	0.
(2) SUSAN W EGGER TREASURER	1.00	X				0.	0.	0.
(3) DIANE EARLEY VICE PRESIDENT	1.00	X				0.	0.	0.
(4) DAVID HABAS SECRETARY	1.00	X				0.	0.	0.
(5) EDWARD SETZ, JR. DIRECTOR	1.00	X				0.	0.	0.
(6) MICHAEL BOONE DIRECTOR	1.00	X				0.	0.	0.
(7) DEBBY SEXTON DIRECTOR	1.00	X				0.	0.	0.
(8) WAYNE WILSON DIRECTOR	1.00	X				0.	0.	0.
(9) RAYNE HANCOCK DIRECTOR	1.00	X				0.	0.	0.
(10) MIMI GREEN DIRECTOR	1.00	X				0.	0.	0.
(11) JENNIFER PROMMEYER EXECUTIVE DIRECTOR	40.00		X			80,000.	0.	9,069.
(12) DEON STOKES DIRECTOR OF ADMINISTRATION	40.00		X			65,000.	0.	7,795.

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2015 0627070 DREAMS WITH WINGS, INC. TN

Form 990 (2015)

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

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

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

(A) Name and business address	(B) Average hours per week (list any hours for related organizations below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee			
(1) Sub-total						145,000.	0.	16,864.
(2) Total from continuation sheets to Part VII, Section A						0.	0.	0.
(3) Total (add lines 1b and 1c)						145,000.	0.	16,864.

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on lines 1a-7? If "Yes," complete Schedule J for such individual: **3** Yes **X** No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual: **4** Yes **X** No

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: **5** Yes **X** No

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11120511 757070 E32701

2015 0627070 DREAMS WITH WINGS, INC. TN

Form 990 (2015)

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

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or excluded revenue	(C) Unrelated revenue	(D) Payments included from ex-ante 512-314
Contributions, Gifts, Grants and Other Similar Amounts					
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c	25,384.		
d	Related organizations	1d			
e	Government grants (contributions)	1e	6,800.		
f	All other contributions, gifts, grants and similar amounts not included above	1f	159,012.		
g	Net income (loss) from fundraising events (net of expenses reported on line 1c). See Part IV, line 18				314.
h	Net income (loss) from fundraising events (net of expenses reported on line 1c). See Part IV, line 18				314.
9	Total. Add lines 1a-1f	201,196.			
Program Service Revenue					
2a	REGISTERED REVENUES	Business Code 900099	4,442,800.	4,442,800.	
b					
c					
d					
e					
f	All other program service revenue				
3	Total. Add lines 2a-f	4,442,800.			17.
4	Investment income (including dividends, interest, and other similar amounts)				
5	Income from investment of tax-exempt bond proceeds				
6	Royalties				
7	Gross rents				
8	Less: rental expenses				
9	Net rental income or (loss)				
10	Gross amount from sales of assets other than inventory				
11	Less: cost or other basis and sales expenses				
12	Net gain or (loss)				
13	Gross income from fundraising events (net of expenses reported on line 1c). See Part IV, line 18				37,731.
14	Less: direct expenses				37,417.
15	Net income or (loss) from fundraising events				314.
16	Gross income from gaming activities. See Part IV, line 19				
17	Less: direct expenses				
18	Net income or (loss) from gaming activities				2,000,608.
19	Net income or (loss) from gaming activities and allowances				1,921,891.
20	Less: cost of goods sold				
21	Net income or (loss) from sales of inventory				
22	Miscellaneous Revenue	Business Code 900099	8,906.	8,906.	
23	MANAGEMENT FEES	900099	8,294.	8,294.	
24	MANAGEMENT FEES	900099			
25	All other revenue				
26	Total. Add lines 1a-1f, 3-11, 13-18, 20-24, 26	4,740,244.	4,450,000.	0.	179,048.

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

Part IX Statement of Functional Expenses		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Section 501(c)(2) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	160,004.		128,073.	31,931.
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	3,023,764.	2,827,100.	188,705.	7,958.
8	Pension plan accruals and contributions (include section 401(k) and 408(a) employer contributions)				
9	Other employee benefits	304,721.	284,024.	20,051.	646.
10	Payroll taxes	248,777.	221,865.	24,021.	2,891.
11	Fees for services (non-employees):				
a	Management				
b	Legal	11,000.		11,000.	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,514.		20,514.	
12	Advertising and promotion	64.		64.	
13	Office expenses	129,239.	29,267.	98,208.	1,824.
14	Information technology	32,044.		32,044.	
15	Royalties				
16	Occupancy	274,478.	256,404.	18,074.	156.
17	Travel	55,154.	54,998.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	6,079.	2,911.	3,168.	
19	Conferences, conventions, and meetings	40,690.	9,424.	31,266.	
20	Interest				
21	Payments to affiliates	93,077.	79,268.	13,808.	
22	Depreciation, depletion, and amortization	63,596.	54,693.	8,903.	
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.)	369,378.	369,378.		
a	PROVIDER TAX	164,210.	164,210.		
b	FOOD	88,085.	88,085.		
c	ACTIVITIES	51,828.	50,807.		
d	Other expenses	35,825.	19,048.	16,577.	1,021.
e	All other expenses	5,172,387.	4,511,482.	614,634.	46,271.
25	Total functional expenses. Add lines 1 through 24e	5,172,387.	4,511,482.	614,634.	46,271.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check box <input type="checkbox"/> Federal SOP 98-2 (REV 8/93) 7-20				

Part X Balance Sheet

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

	(A) Beginning of year	(B) End of year
Assets		
1 Cash, non-interest-bearing	43,240.	13,435.
2 Savings and temporary cash investments	15,680.	15,697.
3 Prepaid expenses and accounts receivable, net	97,114.	15,000.
4 Accounts receivable, net	652,062.	510,613.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(5)(B), and contributing employees of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Sch. L		
7 Notes and loans receivable, net		
8 Inventories for sale or use		
9 Prepaid expenses and deferred charges	47,396.	42,953.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,731,970.	2,019,771.
10b Less: accumulated depreciation	713,199.	
11 Investments - publicly traded securities		
12 Investments - other securities. See Part IV, line 11		
13 Investments - program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11	3,696.	0.
16 Total assets. Add lines 1 through 15 (must equal line 24)	2,957,540.	2,616,529.
17 Accounts payable and accrued expenses	340,859.	436,840.
18 Deferred revenue		
19 Tax-exempt bond liabilities		
20 Escrow or custodial account liability. Complete Part IV of Schedule D		
21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	30,000.	62,950.
22 Secured mortgages and notes payable to unrelated third parties	582,640.	543,248.
23 Unsecured notes and loans payable to unrelated third parties		
24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	248,556.	250,149.
25 Total liabilities. Add lines 17 through 25	1,202,055.	1,293,187.
26 Organizations that follow SFAS 117 (ASC 959), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets	1,754,485.	1,306,342.
28 Temporarily restricted net assets	1,000.	17,000.
29 Permanently restricted net assets		
30 Organizations that do not follow SFAS 117 (ASC 959), check here <input type="checkbox"/> and complete lines 30 through 34.		
31 Capital stock or trust principal, or current funds		
32 Paid-in or capital surplus, or land, building, or equipment fund		
33 Retained earnings, endowment, accumulated income, or other funds	1,755,485.	1,323,342.
34 Total net assets or fund balances	2,957,540.	2,616,529.
34 Total liabilities and net assets/fund balances		

Part XII Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	4,740,244.
2 Total expenses (must equal Part IX, column (A), line 29)	5,172,397.
3 Revenue less expenses. Subtract line 2 from line 1	<432,153.>
4 Net assets or fund balances at beginning of year (must equal Part X, column (A))	1,755,485.
5 Net unrealized gains (losses) on investments	
6 Donated services and use of facilities	
7 Investment expenses	
8 Prior period adjustments	
9 Other changes in net assets or fund balances (explain in Schedule O)	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1,323,342.

Part XIII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other	Yes No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	2a X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated and separate basis	
<input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis	
<input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c X
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis	
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? 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)	3a X 3b X

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Information about Schedule A Form 990 or 990-EZ and its instructions is at www.irs.gov/form990.

Name of the organization: DREAMS WITH WINGS, INC.

- 1 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
2 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
3 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).
4 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
5 Only, and state:
6 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).
7 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
8 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).
9 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II).
10 An organization that normally receives: (1) more than 50% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions; (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).

- 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.

Table with 5 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-9 above (see instructions)), (iv) Amount of monetary support (see instructions), (v) Amount of other support (see instructions). Includes a 'Total' row.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 33 Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015: DREAMS WITH WINGS, INC.
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi)
Complete only if the organization 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. Table with columns for calendar year (a) 2011 through (g) 2015 and (h) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total (Add lines 1 through 3); 5 Portion of total contributions by each person; 6 Public support, subtract line 5 from line 4.

Section B: Total Support. Table with columns for calendar year (a) 2011 through (g) 2015 and (h) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support (Add lines 7 through 10); 12 Gross receipts from related activities; 13 First five years.

Section C: Computation of Public Support Percentage
14 Public support percentage for 2015 (line 6, column (h) divided by line 11, column (h))
15 Public support percentage from 2014 Schedule A, Part II, line 14
16 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
17a 10% - facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
17b 10% - facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Schedule A (Form 990 or 990-EZ) 2015 DREAMS WITH WINGS, INC.
Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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 III.)

Calendar year (or fiscal year beginning in)	Section A. All Supporting Organizations					(f) Total
	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
1	462,638.	211,285.	596,838.	371,080.	201,196.	184,303.7.
2	382,837.0.	412,633.1.	444,222.3.	431,494.1.	444,280.0.	2,115,536.5.
3						
4						
5						
6	429,100.8.	433,761.6.	503,976.1.	468,602.1.	464,399.6.	2,239,840.2.
7a			50,000.	40,390.		90,390.
7b						0.
7c			50,000.	40,390.		90,390.
8						229,801.2.
9	429,100.8.	433,761.6.	503,976.1.	468,602.1.	464,399.6.	2,239,840.2.
10a	92.	241.	145.	67.	17.	562.
10b						
11	92.	241.	145.	67.	17.	562.
12						
13	15,450.	15,706.	15,914.	16,366.	17,200.	80,636.
14	430,650.	433,563.	505,582.0.	470,245.4.	461,213.3.	2,307,960.0.
15						
16						
17						
18						
19						
20						

Section A. All Supporting Organizations
 1 Are all the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part IV 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 IV 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 11a or 11b 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 governing documents authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 b Type II or Type III. 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?
 d 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 (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)) 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.
 c 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.)

Schedule A (Form 990 or 990-EZ) 2015 DREAMS WITH WINGS, INC.
Part IV Supporting Organizations

(Complete only if you checked a box in line 11a on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations	Section B. All Supporting Organizations	
	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Section B. All Supporting Organizations
 1a 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 IV how the organization determined that the supported organization was described in section 509(a)(1) or (2).
 1b 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 11a or 11b 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 governing documents authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
 b Type II or Type III. 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?
 d 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 (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)) 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.
 c 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.)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b A family member of a person described in (a) above?
 - c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type II Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) (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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the tax year (see instructions):
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- 3 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.
- 4 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.
- 5 Percent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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 start-up capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter -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	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

	1	2	3	4	5	6	7	8
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1							
2 Enter 65% of line 1	2							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3							
4 Enter greater of line 2 or line 3	4							
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6							
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).	7							

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

Section D - Distributions

Line	Description	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 expendable assets	
5	Qualified severance 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 ineligible supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2015 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)

Line	Description	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required; see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
a	Breakdown of line 7:			
b				
c				
d	Excess from 2013			
e	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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, 5b, 5c, 6, 5a, 5b, 5c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, lines 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, and 50; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2015

Schedule B
Form 990, 990-EZ, or Form 990-PF
of 990-PF by the Taxpayer
Annual Revenue Source

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Name of the organization

DREAMS WITH WINGS, INC.

Employer identification number

[REDACTED]

Organization type (check one):

Files of:

Section:

Form 990 or 990-EZ 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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 53 7/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(iv), 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 (i) \$5,000 or (ii) 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, 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 II, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA. For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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16258-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

DREAMS WITH WINGS, INC.

Employer identification number

[REDACTED]

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution <input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
1		\$ 15,000.	
2		\$ 6,800.	
3		\$ 10,000.	
4		\$ 15,000.	
5		\$ 10,000.	
6		\$ 47,500.	

832842 10-20-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

DREAMS WITH WINGS, INC.

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
7		\$ 44,118.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

DREAMS WITH WINGS, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	ACCOUNTING SOFTWARE	\$ 44,118.	10/24/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization: DREAMS WITH WINGS, INC.
Employer identification number: [REDACTED]

Part III Escrowed or restricted contributions. Complete columns (a) through (e) and (g) following the entry for organization on the year from any one contributor. Complete columns (a) through (e) and (g) following the entry for organization on the year from any one contributor. Complete columns (a) through (e) and (g) following the entry for organization on the year from any one contributor. Complete columns (a) through (e) and (g) following the entry for organization on the year from any one contributor.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

Table with 5 columns: (a) No. From Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, (e) Transfer of gift. Includes rows for Transferee's name, address, and ZIP + 4.

SCHEDULE D Supplemental Financial Statements

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete in the organization answered 'Yes' on Form 990, Part IV, line 6.

Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

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Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Includes rows for Total number at end of year, Aggregate value of contributions, etc.

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

3 Under the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition d Loan or exchange programs

b Scholarly research e Other

c Presentation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	1c	1d	1e	1f	Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

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

Part VI Land, Buildings and Equipment.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,522.		191,522.
b Buildings	2,182,363.		439,135.	1,743,228.
c Leasehold improvements				
d Equipment		358,085.	274,064.	84,021.
e Other				
Total. Add lines 1a through 1e. <i>Column (d) must equal Form 990, Part X, column (b), line 10c.</i>				2,018,771.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives

(2) Closely-held equity interests

(3) Other

(A)

(B)

(C)

(D)

(E)

(F)

(G)

(H)

Part VIII Investments - Program Related.

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

(a) Description of investment

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Part IX Other Assets.

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

(a) Description

(b) Book value

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. *Column (b) must equal Form 990, Part X, col. (b) line 12.*

Part X Other Liabilities.

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

(a) Description of liability

(b) Book value

(1) Federal income taxes

(2) LINE OF CREDIT

(3) RELATED PARTY PAYABLE

(4)

(5)

(6)

(7)

(8)

(9)

Total. <i>Column (b) must equal Form 990, Part X, col. (b) line 25.</i>		249,856.	293.	250,149.
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 this footnote has been provided in Part XIII. <input checked="" type="checkbox"/>				

Schedule D Form 990 2015 DREAMS WITH WINGS, INC. Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:
 DREAMS WITH WINGS, INC., IS EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION FILES INFORMATIONAL TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND WITH THE KENTUCKY OFFICE OF THE ATTORNEY GENERAL. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS UNRELATED BUSINESS TAX INCOME FOR THE YEARS ENDED JUNE 30, 2016 AND 2015.

Schedule D Form 990 2015 DREAMS WITH WINGS, INC. Page 5
Part XIII Supplemental Information (continued)

INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED.

30
 11120611 757070 5272701 2015 06070 BOARD WINGS WINGS TN 6272701 1
 Schedule D (Form 990) 2015

2015

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: DREAMS WITH WINGS, INC.

- Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17, Form 990-EZ, lines are not required to complete this part.
a. Mail solicitations
b. Internal and email solicitations
c. Phone solicitations
d. In-person solicitations

2. a. Did the organization have a written or oral agreement with any individual (excluding officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 5 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did the fundraiser have sales of contributions?, (iv) Gross receipts from activity, (v) Amount paid to fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

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

Schedule G (Form 990 or 990-EZ) 2015 DREAMS WITH WINGS, INC.

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

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Golf Scramble and Dreams Ball.

Table with 5 columns: (a) Event #1, (b) Event #2, (c) Other events, (d) Total events. Rows include Cash prizes, Noncash prizes, Rental/venue costs, Food and beverages, Entertainment, Other direct expenses, Direct expense summary, and Net income summary.

Table with 5 columns: (a) Bingo, (b) Pull tab/insert bingo/progressive bingo, (c) Other gaming, (d) Total gaming. Rows include Revenue, Direct Expenses, and Net gaming income summary.

9. Enter the state(s) in which the organization conducts gaming activities: KY.
a. Is the organization licensed to conduct gaming activities in each of these states?
b. If "No," explain.

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a partner or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
 - a The organization's facility Yes No
 - b An outside facility Yes No
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
 - Name **▶ DEON STOKES**
 - Address **▶ 1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization **▶** \$ _____ and the amount of gaming revenue retained by the third party **▶** \$ _____

c If "Yes," enter name and address of the third party:
Name **▶** _____
Address **▶** _____

18 Gaming manager information:
Name **▶ DEBBIE COMSERR**

Gaming manager compensation **▶** \$ _____
Description of services provided **▶ OVERSEES THE OPERATIONS OF THE BINGO**

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **▶** \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2c, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information (continued)

Complete if the organization answered "Yes" on Form 990, Part IV, line 29a, 29b, 29c, 29d, 29e, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 39a or 40b.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 29a, 29b, 29c, 29d, 29e, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 39a or 40b.
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4) and 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 29a or 25b, or Form 990-EZ, Part V, line 40b.
 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No

(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
			Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 5398. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board of directors?		(i) Written agreement?	
						Yes	No	Yes	No	Yes	No
JENNIFER AND STEVE FROMMEYER	EXECUTIVE DIRECTOR	RENT OF A FACILITY	X	62,500.	62,950.		X		X		X

Total Part III Grants or Assistance Benefiting Interested Persons. \$ 62,950.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Starting of organization's revenues?
JENNIFER & STEVE FROMMEYER	EXECUTIVE DIRECTOR	21,600.	RENT OF A F	X

Part V Supplemental Information
 Provide additional information for responses to questions on Schedule L (see instructions).
 SCHEDULE I, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JENNIFER AND STEVE FROMMEYER
 (B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE DIRECTOR AND SPOUSE
 (C) PURPOSE OF LOAN: LINE OF CREDIT

SCH I, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
 (A) NAME OF PERSON: JENNIFER & STEVE FROMMEYER
 (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: EXECUTIVE DIRECTOR AND SPOUSE
 (D) DESCRIPTION OF TRANSACTION: RENT OF A FACILITY

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: DREAMS WITH WINGS, INC.

Part I Types of Property

Table with columns: (a) Check if applicable, (b) Number of items, (c) Noncash contribution amount, (d) Method of determining amount. Row 25 shows 'Other (SOFTWARE)' with 1 item and value 44,118.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution...

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

Part II Supplemental Information

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

Table for supplemental information with columns for line numbers and descriptions.

Department of the Treasury
Internal Revenue Service
Name of the organization
DREAMS WITH WINGS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEY RECOGNIZE THEIR STRENGTHS, CONTRIBUTE TO THEIR COMMUNITY AND PURSUE THEIR DREAMS.

FORM 990, PART VI, SECTION B, LINE 11:
THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
UPON SIGNING THE CONFLICT OF INTEREST POLICY, OFFICERS HAVE TO DISCLOSE INTERESTS AND BUSINESS WITH THOSE INTERESTS. THE CONFLICT OF INTEREST POLICY IS MONITORED ON A REGULAR BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
THE POLICY ON THE PROCESS FOR DETERMINING COMPENSATION OF DREAMS WITH WINGS, INC. APPLIES TO THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE/ADMINISTRATION EMPLOYED BY THE ORGANIZATION.

THE PROCESS INCLUDES ALL OF THESE ELEMENTS: (1) REVIEW AND APPROVAL BY THE EXECUTIVE DIRECTOR; (2) USE OF DATA AS TO COMPARABLE COMPENSATION; AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING.

REVIEW AND APPROVAL: THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THIS REVIEW AND APPROVAL.

Name of the organization
DREAMS WITH WINGS, INC.

USE OF DATA AS TO COMPARABLE COMPENSATION: THE COMPENSATION OF THE PERSON IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS.

CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING: THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:
THE SELECTION OF AN INDEPENDENT AUDITOR IS APPROVED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization DREAMS WITH WINGS, INC. [Redacted] number

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 7 main columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 DREAMS WITH WINGS, INC.

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Table with 2 columns: Description (a through s) and Yes/No. Rows include transactions like receipt of interest, gift, loan, dividends, sale of assets, etc.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type, (c) Amount involved, (d) Method of determining amount involved. Rows 1-6.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with columns (a) through (k) for unrelated organizations. Columns include Name, Primary activity, Legal domicile, Predominant income, etc.

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

Form 8888 (Rev. 1-2014)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 7).

Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of exempt organization or other filer: see instructions. Enter filer's identification number, see instructions.

Type or prefix: **DREAMS WITH WINGS, INC.** Employer identification number (EIN) or prefix: **1579 BARDSTOWN RD., LOUISVILLE, KY 40205** Social Security number (SSN):

Enter the Return code for the return that this application is for (file a separate application for each return) **011**

Application Is For	Return Code	Application Is For	Return Code
Form 990-BL	01	Form 1041-A	08
Form 990-EZ	02	Form 4720 (other than individual)	09
Form 990-BL	03	Form 990-T (Sec. 401(a) or 408(a) trust)	10
Form 990-EZ	04	Form 990-T (just other than above)	11
Form 990-PF	05	Form 9970	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

EXECUTIVE DIRECTOR - LOUISVILLE, KY 40205

Telephone No. **502-459-4647** Fax No. **502-459-4647**

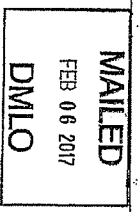
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **502-459-4647**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 request an additional 3-month extension of three unit **MAY 15, 2017**

4 For calendar year **JUL 1, 2015**, and ending **JUN 30, 2016**

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION TO PREPARE AN ACCURATE AND COMPLETE RETURN.**



Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Michaela Shick** Title **CPA** Date **2-6-17**

Danqing Malone Livsey & O'Leary 8300 Shadyville Rd, Suite 1104 Louisville, KY 40225-5187

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1708

Department of the Treasury
Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box **Part I**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I with the exception of Form 990-T. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Name of exempt organization or other filer, see instructions. **DREAMS WITH WINGS, INC.**

Number, street, and room or suite no. if a P.O. box, see instructions. **1579 BARDSTOWN RD.**

City, town or post office, state, and ZIP code. For a foreign address, see instructions. **LOUISVILLE, KY 40205**

Employer identification number (EIN) or Social security number (SSN) **[REDACTED]**

Enter the Return code for the return that this application is for (file a separate application for each return) **011**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BI	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5622	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6059	11
Form 990-T (trust other than above)	06	Form 9870	12

The books are in the care of **EXECUTIVE DIRECTOR 1579 BARDSTOWN ROAD - LOUISVILLE, KY 40205**

Telephone No. **502-459-4647** Fax No. **[REDACTED]**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **[REDACTED]**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- I request an automatic 3-month (6 months for a corporation) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for:
 - calendar year **JUL 1, 2015** or
 - tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

MAILED
OCT 21 2016
DMLO

- If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
- If this application is for Forms 990-BI, 990-PF, 990-T, 4720, or 6059, enter the tentative tax, less any nonrefundable credits. See instructions. **3a \$ 0.**
- If this application is for Forms 990-PF, 990-T, 4720, or 6059, enter any refundable credits and estimated tax department's made. Include any prior year overpayment allowed as a credit. **b \$ 0.**
- Balance due. Subtract line 5b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **c \$ 0.**

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

U.S. For Privacy Act and Paperwork Reduction Act Notices, see instructions. Form 8868 (Rev. 1-2014)

ARTICLES OF INCORPORATION

OF

DREAMS WITH WINGS, INC.

John Y. Brown III
Secretary of State
Received and filed
06/21/2000 10:05 AM
Fees: \$28.00
(Private-NA)

The undersigned incorporator hereby establishes a corporation pursuant to Kentucky

Revised Statutes Chapter 273.

ARTICLE I

The name of the corporation shall be: DREAMS WITH WINGS, INC.

ARTICLE II

The duration of the corporation shall be perpetual.

ARTICLE III

The corporation shall not issue any capital stock, and no part of the income or profit of the corporation shall inure to the benefit of or be distributable to its members, directors, or officers, or any other private individual.

ARTICLE IV

1. The corporation is organized exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.

2. The corporation shall have any and all general powers authorized to non-stock, non-profit corporations by KRS Chap. 273, and specifically KRS 273.171, provided, notwithstanding any other provisions of these Articles, or of said statutes, the corporation shall not conduct or carry on any activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Internal Revenue Code and its valid Regulations as they now exist or may hereafter be amended. No activities shall be conducted which are not in furtherance of the corporation's exempt (within the meaning of Internal Revenue Code Section 501(c)(3) and related sections) purposes, other than as an insubstantial part of its activities.

3. Provided further, that if at any applicable time the corporation shall be a private foundation within the meaning of the Internal Revenue Code of 1986 or corresponding provisions of any subsequent federal tax laws, then in such circumstances:

(a) The corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

(b) The corporation shall not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws. (c) The corporation shall not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

(d) The corporation shall not make any investments in such manner as to subject it to tax under section 4944 of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

(e) The Corporation shall not make any taxable expenditures as defined in section 4945(d) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent Federal tax laws.

ARTICLE V

Subject to these Articles, the affairs of the corporation shall be conducted pursuant to its by-laws. The initial by-laws shall be adopted by the initial board of directors. The power to alter, amend or repeal the by-laws or adopt new by-laws shall be vested in the board of directors.

ARTICLE VI

Upon the termination, dissolution or winding up of the corporation in any manner, its assets, if any, remaining after payment (or provision for payment) of all liabilities of the corporation, shall be distributed to one or more organizations, as the board of directors may determine, having exclusively charitable, religious, scientific or educational purposes or only for other exempt purposes as described in Section 501(c)(3) of the Internal Revenue Code, or corresponding provisions of any subsequent Federal tax law.

ARTICLE VII

The initial board of directors shall consist of seven (7) persons who shall hold office until the first annual election of directors or for such other period as may be specified in the by-laws. Thereafter, the number of directors shall be as fixed by the by-laws and they shall be elected or appointed in the manner and for the terms provided in the by-laws. The number of directors may be increased or decreased from time to time by amendment to the by-laws, but no decrease in number shall have the effect of shortening the term of any incumbent director. Subject to the provisions of Kentucky Revised Statutes 273.248, no director shall be liable to the corporation for monetary damages for breach of her or his duties as a director.

The names and mailing addresses of the persons who are to serve as the initial directors are:

Mary Scheen
1118 Garden Creek Circle
Louisville, Kentucky 40223

Jane Naiser
747 Greenridge Lane
Louisville, Kentucky 40207

Jane Emke
334 South Peterson Avenue
Louisville Kentucky 40206

Mildred Pruitt
Route 1, Box 283
Bedford, Kentucky 40006

Karen Cassidy
1804 Princeton Drive
Louisville, Kentucky 40205

Jenifer Frommeyer
1886 Rutherford Ave.
Louisville, Kentucky 40205

Marge Hillenmeyer
413 Springwood Lane
Louisville, Kentucky 40207

ARTICLE VIII

The street address of the corporation's initial registered office shall be:
1886 Rutherford Avenue
Louisville, Kentucky 40205

~~The name of the corporation's initial registered agent, at such address, shall be:~~

Jenifer Frommeyer

The mailing address of the corporation's principal office shall be:

1886 Rutherford Avenue
Louisville, Kentucky 40205

The name and mailing address of the incorporator is:

Jenifer Frommeyer
1886 Rutherford Avenue
Louisville, Kentucky 40205

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation as incorporator this 22nd day of May, 2000.

Jennifer C. Frommeyer
Jennifer Frommeyer, Incorporator and also
Initial Registered Agent

The foregoing instrument was prepared by:

David W. Gray
David W. Gray
FOLEY BRYANT & HOLLOWAY
718 West Main Street
Louisville, Kentucky 40202

Document No.: DN2000082990
Lodged By: GRAY
Recorded On: 06/23/2000 01:01:27
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Transfer Tax: .00
County Clerk: Bobbie Holsclaw-JEFF CO KY
Deputy Clerk: TERHIG

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AMENDMENT TO THE ARTICLES OF INCORPORATION
OF DREAMS WITH WINGS, INC.

0496528.09

John Y. Brown III
Secretary of State

WHEREAS, Dreams With Wings, Inc. desires to work with the Department of Housing and Urban Development through the 811 program,

Received and Filed
05/18/2001 01:49 PM

WHEREAS, the Secretary of the Department of Housing and Urban Development has asked that certain provisions be incorporated into the Articles of Incorporation;

Fee Receipt: \$8.00

Radler - NAOA

NOW THEREFORE, the Corporation hereby agrees to the following amendment to Article III of the Articles of Incorporation of Dreams with Wings:

The corporation shall not issue any capital stock, and no part of the income or profit of the corporation shall inure to the benefit of or be distributable to its members, director, or officer, or any other private individual.

The purpose of Dreams With Wings, Inc. is to provide the highest quality support services and housing to individuals who are mentally retarded/developmentally challenged. This includes housing that is affordable and housing that facilitates social and community activities and services, care or housing specially designed to meet their physical, social, and psychological needs, and to promote their health, security, happiness, and contributions in life.

Dreams With Wings, Inc. may sponsor and promote projects for the disabled and form an Owner corporation after the issuance of a fund reservation from the Department of Housing and Urban Development, may apply for a capital advance or mortgage loan to finance, construct, acquire, reconstruct or rehabilitate and maintain a project and to operate the same; to enter into, perform, and carry out contracts of any kind necessary to, or in connection with, or incidental to the accomplishment of the purposes of the corporation, including, expressly, any contract or contracts with the Secretary of Housing and Urban Development which may be desirable or necessary to comply with the requirements of the Nations Housing Act, as amended, and the regulations of the Secretary thereunder; to acquire any property, real or personal, in fee or under lease, or any rights therein or appurtenant thereto, necessary for the construction and operation for such project; and to develop, own, manage, maintain, and provide appropriate services in connection with the proposed project; and to provide long term support.

In witness whereof, said Jennifer C. Frommeyer President, of Dreams With Wings, Inc., acting for and behalf of said corporation, have subscribed their names on this 12th day of May, 2001 adopting the amended articles at a special meeting of the members on May 12th, 2001 following the board adopted resolution setting forth to amended articles by a member vote. The vote of the members was unanimous.

Jennifer C. Frommeyer
President

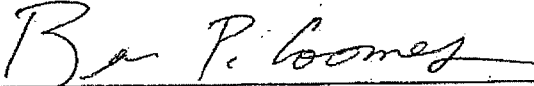
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MAY 18 2001

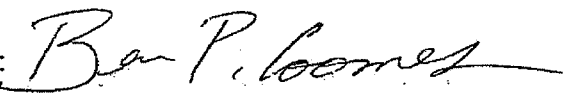
Bobbie Holsclaw, Clerk
By [Signature] D.C.

State of Kentucky
County of Jefferson

The foregoing instrument was acknowledged before me by Jenifer C. Frommeyer, as
President of Dreams With Wings, Inc. on this the 11th of May, 2001.



Notary Public, State At Large

Prepared By: 

Ben Coomes
P. O. Box 247
New Castle, KY 40050

AMENDMENT TO THE ARTICLES OF INCORPORATION
OF DREAMS WITH WINGS, INC.

0496528.09

John Y. Brown III
Secretary of State

WHEREAS, Dreams With Wings, Inc. desires to work with the Department of Housing and Urban Development through the 811 program,

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Dreams With Wings, Inc. may sponsor and promote projects for the disabled and form an Owner corporation after the issuance of a fund reservation from the Department of Housing and Urban Development, may apply for a capital advance or mortgage loan to finance, construct, acquire, reconstruct or rehabilitate and maintain a project and to operate the same; to enter into, perform, and carry out contracts of any kind necessary to, or in connection with, or incidental to the accomplishment of the purposes of the corporation, including, expressly, any contract or contracts with the Secretary of Housing and Urban Development which may be desirable or necessary to comply with the requirements of the Nations Housing Act, as amended, and the regulations of the Secretary thereunder; to acquire any property, real or personal, in fee or under lease, or any rights therein or appurtenant thereto, necessary for the construction and operation for such project; and to develop, own, manage, maintain, and provide appropriate services in connection with the proposed project; and to provide long term support.


In witness whereof, said Jennifer C. Frommeyer President, of Dreams With Wings, Inc., acting for and behalf of said corporation, have subscribed their names on this 12th day of May, 2001 adopting the amended articles at a special meeting of the members on May 12th, 2001 following the board adopted resolution setting forth to amended articles by a member vote. The vote of the members was unanimous.

Jennifer C. Frommeyer
President


State of Kentucky
County of Jefferson

BOOK 0575 PAGE 0869

The foregoing instrument was acknowledged before me by Jenifer C. Frommeyer, as President of Dreams With Wings, Inc. on this the 11th of May, 2001.



Notary Public, State At Large

Prepared By: 

Ben Coomes
P. O. Box 247
New Castle, KY 40050

Document No.: DN2001079574
Lodged By: dreams with wings
Recorded On: 05/18/2001 02:51:36
Total Fees: 9.00
Transfer Tax:
County Clerk: Bobbie Holman-Jones, CLU
Deputy Clerk: KELMAL

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DREAMS WITH WINGS, INC.
AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Years Ended June 30, 2016 and 2015

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Independent Auditor's Report

To the Board of Directors
Dreams With Wings, Inc. and Affiliates
Louisville, Kentucky

We have audited the accompanying consolidated financial statements of Dreams With Wings, Inc. (a not-for-profit organization) and Affiliates, which comprise the consolidated statements of financial position as of June 30, 2016 and 2015, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risks assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes an evaluation of appropriateness of accounting policies used and the overall reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

9300 Shelbyville Road • Suite 1100 • Louisville, Kentucky 40222
Telephone 502.426.9660 • Fax 502.425.0883 • www.DMIO.com

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Dreams With Wings, Inc. and Affiliates as of June 30, 2016 and 2015, and the changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Emphasis-of-Matter Regarding Going Concern

The accompanying financial statements have been prepared assuming that the Organization will continue as a going concern. As discussed in Note 15 to the financial statements, the Organization has suffered significant reductions in net assets that raise substantial doubt about its ability to continue as a going concern. Management's plans regarding these matters also have been described in Note 15. The consolidated financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statement of financial position, consolidating statement of activities, and consolidating statement of functional expenses on pages 19-21 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Louisville, Kentucky
May 2, 2017

	2016	2015
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 42,633	\$ 40,007
Line-of-credit	249,856	248,556
Accounts payable	155,156	105,159
Note payable to related party	282,299	30,000
Accrued expenses	729,944	236,384
Total current liabilities	1,297,511	660,106
Tenant Security Deposits Held in Trust	4,002	4,014
Long-Term Liabilities, less current maturities		
Mortgages payable	500,615	542,633
Note payable to related party	62,950	—
Total long-term liabilities	563,565	542,633
Total liabilities	1,297,511	1,206,753
Net Assets		
Unrestricted	2,824,229	3,320,541
Undesignated	100,000	100,000
Board designated	2,924,229	3,420,541
Temporarily restricted	17,000	1,000
	<u>2,941,229</u>	<u>3,421,541</u>
Total liabilities and net assets	\$ 4,238,740	\$ 4,628,294

2015		
Unrestricted	Temporarily Restricted	Total
\$ 4,575,198		\$ 4,575,198
71,049		71,049
283,252	\$ 69,320	352,572
71,092		71,092
97,570		97,570
96		96
303		303
5,098,560	69,320	5,167,880
139,628	(139,628)	
5,238,188	(70,308)	5,167,880
4,576,858		4,576,858
554,677		554,677
103,000		103,000
5,234,535		5,234,535
3,653	(70,308)	(66,655)
3,416,888	71,308	3,488,196
\$ 3,420,541	\$ 1,000	\$ 3,421,541

2015

Program Services	Administrative	Fund-raising	Total
\$ 2,736,498	\$ 270,331	\$ 44,588	\$ 3,051,417
242,881			242,881
260,268	26,048	4,296	290,612
226,558	22,674	3,740	252,972
140,933			140,933
118,775	11,936		130,711
87,405			87,405
219,715	9,209		219,715
96,070			105,279
79,647	22,199		79,647
78,265	22,679	246	100,464
69,910	9,969		22,925
61,231	599		79,879
45,086	53,966	5,146	61,830
8,984	33,864	1,765	59,112
		42,448	46,851
27,574	13,265		42,848
23,979	13,309		40,839
	24,500		37,288
3,624	13,798		24,500
3,302	2,469		17,422
5,611			3,302
40,542	2,659	771	8,080
	1,203		40,542
			3,430
			1,203
\$ 4,576,858	\$ 554,677	\$ 103,000	\$ 5,234,535

Reconciliation of Net Decrease in Total Net Assets
to Net Cash Provided by Operating Activities

Net decrease in total net assets \$ (480,312) \$ (66,655)

Adjustments to reconcile net decrease in total net assets
to net cash provided by operating activities:

Depreciation	143,641	130,711
Allowance for uncollectible accounts and pledges receivable	(133,000)	50,000
Interest on designated deposits and funded reserves	(15)	(12)
Reinvested interest on certificates of deposit	(17)	(38)
Contributions restricted for long-term purposes	24,898	8,300
Donated property and equipment	(3,545)	(20,000)
Gain on disposal of fixed asset		(175)
Changes in assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	273,864	(34,960)
Grants receivable	47,500	(32,500)
Pledges receivable	30,010	17,384
Prepaid expenses	4,959	(13,811)
Increase (decrease) in:		
Accounts payable	54,547	(11,718)
Accrued expenses	45,915	40,312
Total adjustments	488,757	133,493

Net cash provided by operating activities \$ 8,445 \$ 66,838

Supplemental Schedule of Non-Cash Investing and Financing

Purchase of property and equipment in accounts payable \$ \$ 4,550

**DREAMS WITH WINGS, INC.
AND AFFILIATES**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Operations and Summary of Significant Accounting Policies

Nature of operations:

Dreams With Wings, Inc. is a not-for-profit organization located in Louisville, Kentucky. The mission of Dreams With Wings, Inc. is to provide the highest quality housing and support services for individuals with intellectual disabilities, developmental disabilities and autism. The Organization owns and operates housing in Louisville, Kentucky. Support with housing, employment, recreation and life skills enables individuals to achieve a satisfying lifestyle that is as independent as possible. Through quality housing and support services, individuals are given the opportunity to improve their lives and contribute to the broader community.

Dream Works, Inc. and Building Dreams, Inc. each own and operate supported living apartments, consisting of eight units, in Louisville, Kentucky for persons with intellectual disabilities. Both are organized under the laws of the Commonwealth of Kentucky as charitable not-for-profit corporations formed to provide housing under programs as defined by the National Housing Act. Such projects are regulated by the U.S. Department of Housing and Urban Development (HUD) under Section 811 capital advance and project rental assistance programs as to rent charges and operating methods.

Dreams With Wings, Inc. shares common board membership with Dream Works, Inc. and Building Dreams, Inc., which results in Dreams With Wings, Inc.'s ability to exercise control, thus requiring consolidation.

Summary of significant accounting policies:

This summary of significant accounting policies of the Organization is presented to assist in understanding the Organization's consolidated financial statements. The consolidated financial statements are representations of the Organization's management who is responsible for the integrity and objectivity of the consolidated financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the consolidated financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Principles of consolidation:

The accompanying consolidated financial statements include the accounts of the organizations listed above. All intercompany balances and transactions, which primarily include management fees and shared office expenses, have been eliminated in consolidation.

Use of estimates:

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts and pledges receivable:

The valuation of accounts and pledges receivable is based upon a detailed analysis of past due accounts and the history of uncollectible accounts. Estimated uncollectible accounts and pledges receivable increase the allowance for doubtful accounts, and when the accounts and pledges receivable are written off, the allowance for doubtful accounts is decreased.

Assets whose use is limited:

Assets set aside by the Board for future use, assets limited as to use under terms of a loan agreement, assets limited as to use by donors and security deposits are classified as assets whose use is limited.

Property and equipment:

Property and equipment are stated at cost if purchased, or fair value at date of donation, if donated. The Organization's policy is to capitalize asset purchases in excess of \$500. Upon the disposition of tangible assets, a gain or loss is recorded on the consolidated statement of activities and the respective asset cost and accumulated depreciation are eliminated from the consolidated statement of financial position.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Depreciation of property and equipment is computed on the straight-line method over the following estimated useful lives:

	<u>Years</u>
Buildings and improvements	10-39
Furniture, equipment and vehicles	3-7

Donations other than cash:

The Organization records donated services that require specific expertise and would normally have been purchased, and donated services that create or enhance non-financial assets, at fair value. During the year ended June 30, 2016 the Organization received donated software of approximately \$44,000, which is recorded as an expense on the statement of activities. The Organization also received property and equipment of approximately \$4,000, for a vehicle, which was recorded as an asset on the statement of financial position. The Organization received donated services and property and equipment of approximately \$20,000 for the year ended June 30, 2015, for remodeling part of the administrative offices, which is recorded as an asset on the statement of financial position. In addition, several volunteers donated numerous labor hours for a variety of activities, including cleanup of the grounds, and various client activities during each of the years ended June 30, 2016 and 2015.

Donations other than cash are recorded at their fair value as of the date of donation. Donations of long-lived assets with explicit restrictions that specify how the assets are to be used and donations of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service. The Organization reports restricted donations that are received and used in the same fiscal year as unrestricted if all funds are utilized within the same year.

Functional allocation of expenses:

The costs of providing the various program services and other activities have been summarized on a functional basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among the program services and supporting services benefited.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Cash and cash equivalents:

For purposes of the consolidated statements of cash flows, the Organization considers highly liquid investments with original maturities of three months or less to be cash and cash equivalents.

Certificates of deposit:

Certificates of deposit with original maturities over three months are carried at cost plus accrued interest at year-end.

Compensated absences:

Compensated absences for sick pay and personal time have not been accrued since they cannot be reasonably estimated. The Organization's policy is to recognize these costs when actually paid.

Income taxes:

Dreams With Wings, Inc., Dream Works, Inc., and Building Dreams, Inc. are exempt from federal, state and local income taxes as not-for-profit organizations as described under Internal Revenue Code Section 501(c)(3). The Organizations file informational tax returns in the U.S. federal jurisdiction and with the Kentucky Office of the Attorney General. However, income from certain activities not directly related to the Organizations' tax-exempt purpose may be subject to taxation as unrelated business income. Management does not believe the Organizations have unrelated business taxable income for the years ended June 30, 2016 and 2015.

As of June 30, 2016 and 2015, the Organizations did not have any accrued interest or penalties related to income tax liabilities, and no interest or penalties have been charged to operations for the years then ended.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Newly issued standards not yet effective:

The Financial Accounting Standards Board has issued accounting standards No. 2016-02, *Leases*, concerning the accounting for leases effective for years beginning after December 15, 2019, and No. 2016-14, *Not-for-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities* effective for years beginning after December 15, 2017. The Organization is evaluating the impact that adoption of the standards will have on future financial position and results of operations.

Subsequent events:

Subsequent events have been evaluated through May 2, 2017 which is the date the consolidated financial statements were available to be issued.

Note 2.

Pledges Receivable

Pledges receivable consist of unconditional promises to give from various organizations and individuals to fund an operating and capital campaign. The balance of pledges receivable as of June 30, 2016 and 2015 is as follows:

	2016	2015
Receivable in less than one year	\$1,260	\$31,958
Due in one to five years	<u>1,346</u>	<u>5,656</u>
Total gross pledges receivable	2,606	37,614
Less allowance for uncollectible pledges	<u> </u>	<u>(3,000)</u>
Total net pledges receivable	<u>\$2,606</u>	<u>\$34,614</u>

Note 3.

Conditional Grant

During the year ended June 30, 2016, the Organization received a challenge grant of \$30,000. The Organization will receive \$1 for every \$1 it raises in contributions from July 1, 2016 through December 31, 2017. Since this grant is considered a conditional promise to give, it will not be recorded as grant revenue until donor conditions are met.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

During the year ended June 30, 2015, the Organization received a challenge grant of \$75,000 to be awarded \$1 for every \$1 raised during the period of July 1, 2015 through December 31, 2016. Conditions were met that allowed recognition of \$37,500 of this grant during the year ended June 30, 2016.

Note 4.

Long-Term Mortgage Liabilities

Long-term mortgages consists of the following (all terms, collateral and interest rates are presented as of June 30, 2016):

	2016	2015
Mortgage note with PNC Bank, payable in monthly installments of \$2,037, including interest at 6.50%, with remaining unpaid principal due March 2021. All Bartelown Road and Browns Lane property with a net book value of approximately \$205,000 and assignment of rents are pledged as collateral on this note.	\$ 99,161	\$116,425
Mortgage note with PNC Bank, payable in monthly installments of \$696, including interest of 4.55%, with remaining unpaid principal balance due October 2017. All Neperthan Road property with a net book value of approximately \$92,000 is pledged as collateral on this note.	73,540	78,365
Mortgage note with PNC Bank, payable in monthly installments of \$819, including interest at 6.50%, with remaining unpaid principal due September 2022. All T remains Road property with a net book value of approximately \$83,000 is pledged as collateral on this note.	50,249	56,579
Mortgage note with PNC Bank, payable in monthly installments of \$2,393, including interest at 5.35%, with remaining unpaid principal due August 2023. All Enrichment Center property with a net book value of approximately \$930,000 is pledged as collateral on this note.	<u>320,298</u>	<u>331,271</u>
Less current maturities	543,248	582,640
	<u>42,633</u>	<u>40,007</u>
	<u>\$500,615</u>	<u>\$542,633</u>

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Future maturities of long-term debt are as follows:

Year ending June 30, 2017	
2018	\$ 42,633
2019	107,937
2020	42,008
2021	44,660
Thereafter	40,654
	<u>265,356</u>
	<u>\$543,248</u>

Note 5. Line-of-Credit

The Organization has a \$250,000 available unsecured revolving line-of-credit with PNC Bank for the years ended June 30, 2016 and 2015. The line-of-credit bears interest, payable monthly, at a variable rate, which was 4.15% and 3.90% at June 30, 2016 and 2015. The line-of-credit expires in February 2018. As of June 30, 2016 and 2015, there were outstanding borrowings of \$249,856 and \$248,556, respectively.

Note 6. Changes in Temporarily Restricted and Board Designated Net Assets

Changes in temporarily restricted net assets during the years ended June 30, 2016 and 2015 were as follows:

	Balance 6/30/2015	Contributions	Released	Balance 6/30/2016
Contributions restricted for:				
Capital campaign	\$1,000			\$ 1,000
Grants:		\$15,000	\$11,500	15,000
Behavior		<u>2,500</u>		<u>1,000</u>
Camp	<u>\$1,000</u>	<u>\$17,500</u>	<u>\$11,500</u>	<u>\$17,000</u>

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

	Balance 6/30/2014	Contributions	Released	Balance 6/30/2015
Contributions restricted for:				
Capital campaign	\$52,233	\$66,545	\$(117,778)	\$1,000
Annual campaign	1,500	2,775	(4,275)	
Vehicle rental	2,075		(2,075)	
Equipment for day program	<u>15,500</u>		<u>(15,500)</u>	
	<u>\$71,308</u>	<u>\$69,320</u>	<u>\$(139,628)</u>	<u>\$1,000</u>

During the year ended June 30, 2014, the board designated \$100,000 for the future operations, maintenance, and loan payments of the adult day training center. No funds were released from board designated net assets for the years ended June 30, 2016 and 2015.

Note 7. Charitable Gaming

The Organization regularly participates in charitable gaming activities consisting of bingo, pull-tab games and raffle ticket sales to raise funds. Following are the results of these activities for the years ended June 30, 2016 and 2015:

	2016	2015
Gross revenue	\$2,000,608	\$1,868,203
Less: expenses	<u>1,921,891</u>	<u>1,797,154</u>
Net revenues from charitable gaming	<u>\$ 78,717</u>	<u>\$ 71,049</u>

Note 8. Operating Leases

The Organization leased seven residential properties for the year ended June 30, 2016, five of which were on a month-to-month basis, and two were for a year which expired in September 2016 at which time became month-to-month leases. During 2015, the Organization leased six residential properties under operating leases on a month-to-month basis. Total lease expense for the years ended June 30, 2016 and 2015 was \$98,900 and \$84,900, respectively.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

The Organization previously operated its day program at Calvary Lutheran Church. The Organization paid \$500 for the year ended June 30, 2015, for use of space at the Church. The Organization did not have a lease agreement with the Church for utilizing the space and was unable to determine the fair value of the space being used at the Church for the program. In August 2014, the Organization opened its Enrichment Center and the day program moved from the Church to the Enrichment Center.

Note 9.

Land Lease

Building Dreams, Inc. leases the land on which its facility is located for a fifty year period ending in 2058. The Organization paid a one-time rent payment of \$34,000 in October 2008 which is being expensed over the life of the lease. As of June 30, 2016 and 2015, prepaid rent expense was \$29,165 and \$29,845, respectively.

Note 10.

Related Party Transactions

The Organization leases an apartment building from the Executive Director of the Organization. The building is subleased by the Organization to clients. Rent paid under the lease agreement was \$21,600 for each of the years ended June 30, 2016 and 2015, and is included in lease expense in Note 8.

The Organization also pays for any repairs, maintenance, and improvements for the building. During the year ended June 30, 2016, the Organization had paid related expenses of \$448. There were no expenses for these items during the year ended June 30, 2015.

The Executive Director made personal loans to the Organization during the year ended June 30, 2016 and 2015. As of June 30, 2016 and 2015, the balance on the loan was \$62,950 and \$30,000, respectively. This is a zero interest loan maturing in June 2018. During the year ended 2016, the Director of Accounting made a personal loan to the Organization of \$7,800, which was repaid before year end.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 11.

Capital Advances

Capital advances outstanding at June 30, 2016 and 2015 of \$1,332,700 from the U.S. Department of Housing and Urban Development (HUD) are for the renovation and construction of Dream Works, Inc. and Building Dreams, Inc. housing facilities. The total amount of the capital advances are reported as unrestricted net assets. Real estate acquired or constructed with HUD capital advance funds is subject to a lien by HUD for a period of 40 years or until HUD releases its use restrictions. These capital advances bear no interest and are not required to be repaid as long as the housing remains available for persons with intellectual disabilities. Failure to keep the housing available for persons with intellectual disabilities for forty years will result in HUD billing the Organization for the entire capital advance outstanding plus interest since the date of the first advance.

A capital advance outstanding at June 30, 2016 and 2015 of \$196,000 from Louisville Metro Department of Housing and Community Development is for renovation of Dream Works, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with HOME Investment Partnership program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original amount of the capital advance plus interest at 12%.

A capital advance outstanding at June 30, 2016 and 2015 of \$426,995 from Louisville Metro Department of Housing and Community Development is for the construction of Building Dreams, Inc. The capital advance bears no interest and is not required to be repaid as long as the housing remains available for individuals with intellectual disabilities for a period of twenty years and is maintained in accordance with the HOME Investment Partnership Grant program. The capital advance is secured by a mortgage on the property. The advance is included in unrestricted net assets. Early termination of this project would require repayment of the original capital advance plus interest.

A capital advance outstanding at June 30, 2016 and 2015 of \$250,000 from Louisville/Jefferson County Metro Government Department of Community Services and Revitalization, is for the purchase of a building for Dream Works, Inc. to be used for the adult day training center. The capital advance bears no interest and is not required to be repaid as long as the building as property remains available for maintaining the adult day training center for a period of five years from the date the property is put into service and is maintained in accordance with the Community Development Block Grant program. The capital advance is secured by a mortgage on the property. Early termination of this project would require repayment of the original capital advance plus interest.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 12. Defined Contribution Retirement Plan

The Organization has a 401(k) Retirement Savings Plan. All employees who have fulfilled three months of employment and are 21 years of age are eligible to participate in the plan. The employer may make a matching contribution, equal to a discretionary percentage, to be determined by the employer. The Organization did not make a contribution for the years ended June 30, 2016 and 2015.

Note 15. Going Concern

As of June 30, 2016, the Organization's current liabilities exceeded its current assets by \$136,067. The Organization experienced net losses of \$480,312 and \$66,655 for the years ended June 30, 2016 and 2015, respectively, and has experienced cash flow challenges resulting in delays in paying certain vendors, provider taxes, and other ongoing operating needs. These factors, as well as the uncertainty of cash flows from operations during 2017 and the debt outstanding, create an uncertainty about the Organization's ability to continue as a going concern.

Note 13. Concentration of Revenues

Under its purchase of services agreement with Seven Counties Services, Inc., a separate not-for-profit corporation, the Organization receives funding from the Kentucky Department of Mental Health/Intellectual Disabilities Services. The Organization also receives payments from the Kentucky Medicaid program. Revenues from these two programs account for approximately 91% and 87% of the Organization's service revenues for years ended June 30, 2016 and 2015, respectively. At June 30, 2016 and 2015, amounts due from those agencies included in accounts receivable were approximately \$530,000 and \$786,000, respectively.

Note 14. Vulnerability Due to Certain Concentrations

The Organization's operations are concentrated in the health care industry. In the health care industry, laws and regulations governing the Medicaid programs are extremely complex and subject to interpretation. Compliance with health care industry laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicaid program. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Building Dreams, Inc.'s and Dream Works, Inc.'s primary assets are eight unit apartment housing projects. The Organizations' operations are concentrated in providing housing for persons with intellectual and developmental disabilities. In addition, the Organizations operate in a heavily regulated environment. The operations of the Organizations are subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to, HUD. Such administrative directives, rules and regulations are subject to change by an act of congress or an administrative change mandated by HUD. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with the change.

Liabilities and Net Assets

	Dreams With Wings, Inc.	Dream Works, Inc.	Building Dreams, Inc.	Eliminations	Consolidated
Current Liabilities					
Current maturities of long-term debt	\$ 42,633				\$ 42,633
Line-of-credit	249,856				249,856
Accounts payable	155,156				155,156
Due to related organizations	293	\$ 233	\$ 371	\$ (897)	282,299
Accrued expenses	281,684	57	538		729,944
Total current liabilities	<u>729,622</u>	<u>290</u>	<u>929</u>	<u>(897)</u>	<u>729,944</u>

Tenant Security Deposits Held in Trust

		1,784	2,218		4,002
Long-Term Liabilities, less current maturities					
Mortgages payable	500,615				500,615
Note payable to related party	62,950				62,950
Total long-term liabilities	<u>563,565</u>				<u>563,565</u>

Total Liabilities

	1,293,187	2,074	3,147	(897)	1,297,511
Net Assets					
Unrestricted	1,206,342	666,391	951,496		2,824,229
Undesignated	100,000				100,000
Board designated	1,306,342	666,391	951,496		2,924,229
Temporarily restricted	17,000				17,000
	<u>1,323,342</u>	<u>666,391</u>	<u>951,496</u>		<u>2,941,229</u>

Total Liabilities and net assets

	\$ 2,616,529	\$ 668,465	\$ 954,643	\$ (897)	\$ 4,238,740
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DELMAS WITH WINGS, INC. AND AFFILIATES
CONSOLIDATING STATEMENT OF FINANCIAL EXPENSES
 Year Ended June 30, 2016

Account	2015				2014				2013				2012			
	Balance	Change	Balance	Change	Balance	Change	Balance	Change	Balance	Change	Balance	Change	Balance	Change		
Accounts receivable	1,224,212	1,302,312	1,454,112	1,512,112	1,601,112	1,671,112	1,741,112	1,811,112	1,901,112	1,971,112	2,041,112	2,111,112	2,181,112	2,251,112		
Prepaid expenses	5,487	1,487	2,987	4,487	5,987	7,487	8,987	10,487	11,987	13,487	14,987	16,487	17,987	19,487		
Inventory	4,242	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242		
Other assets	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Accounts payable	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Accrued liabilities	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Deferred revenue	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Equity	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Liabilities	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		
Total	1,242	2,242	3,242	4,242	5,242	6,242	7,242	8,242	9,242	10,242	11,242	12,242	13,242	14,242		

DELMAS WITH WINGS, INC. AND AFFILIATES
CONSOLIDATING STATEMENT OF ACTIVITIES
 Year Ended June 30, 2016

Account	2015		2014		2013		2012	
	Unaudited	Temporarily Restricted	Unaudited	Temporarily Restricted	Unaudited	Temporarily Restricted	Unaudited	Temporarily Restricted
Revenue and support	\$4,566,928	\$4,566,928	\$4,566,928	\$4,566,928	\$4,566,928	\$4,566,928	\$4,566,928	\$4,566,928
Charitable gaming and contributions and grants	78,717	78,717	78,717	78,717	78,717	78,717	78,717	78,717
Special events	158,312	17,500	175,812	175,812	175,812	175,812	175,812	175,812
Apartment rentals	63,115	(1,500)	61,615	61,615	61,615	61,615	61,615	61,615
Interest	17	17	17	17	17	17	17	17
Business development fees	17	17	17	17	17	17	17	17
Other	3,294	3,294	3,294	3,294	3,294	3,294	3,294	3,294
Net assets retained from residencies	4,884,289	17,500	4,901,789	4,901,789	4,901,789	4,901,789	4,901,789	4,901,789
Total revenue and support	4,885,789	16,000	4,901,789	4,901,789	4,901,789	4,901,789	4,901,789	4,901,789
Expenses	4,631,610	4,631,610	4,631,610	4,631,610	4,631,610	4,631,610	4,631,610	4,631,610
Depreciation	614,635	614,635	614,635	614,635	614,635	614,635	614,635	614,635
Administration	83,687	83,687	83,687	83,687	83,687	83,687	83,687	83,687
Fund-raising	3,333,932	3,333,932	3,333,932	3,333,932	3,333,932	3,333,932	3,333,932	3,333,932
Total expenses	(448,143)	16,000	(432,143)	(432,143)	(432,143)	(432,143)	(432,143)	(432,143)
(Decrease) Increase in total net assets	1,396,342	\$ 17,000	\$ 1,323,342	\$ 66,321	\$ 99,242	\$ 38,275	\$ (3,909)	\$ (2,912)
Net assets, beginning of year	1,754,485	1,000	1,355,485	673,470	992,586	153,48	63,909	66,321
Net assets, end of year	\$ 1,396,342	\$ 17,000	\$ 1,323,342	\$ 66,321	\$ 99,242	\$ 38,275	\$ (3,909)	\$ (2,912)

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Dreams With Wings Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see Instructions) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) 1579 Bardstown Road	Requester's name and address (optional)
6 City, state, and ZIP code Louisville, KY 40205	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
[] [] [] []	- [] [] - [] [] [] []

or

Employer identification number	
[] []	[] []

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Jennifer Frommeyer</i>	Date ▶ <i>1-1-16</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Dreams with Wings, Inc. Budget
Fiscal Year 6/30/2018

	Budget 7/17 - 6/18
Ordinary Income/Expense	
Income	
Medicaid Income	4,083,000
Private Pay Income	314,000
Seven Counties Services Income	3,000
Supported Employment	42,000
Client Liabilities	11,000
Camp Related Income	317,000
Client Vacation	15,000
Miscellaneous Income	12,000
Total Income	4,797,000
Expense	
Respite Services-nonpayroll	-
Behavior Supports	164,000
Community Hab./Day Program	590,000
Supported Employment Expense	202,000
Support Coordination Expense	155,000
Supported Living Expenses	519,000
Staffed Residence Expense	1,903,000
Family Home Provider Expenses	285,000
Other Program Costs	524,000
DSL Day Camp	54,000
Autism Camp	70,000
Administrative	845,000
Grant Expenses	9,000
Miscellaneous	5,000
Total Expense	5,316,000
Net Ordinary Income	(519,000)
Other Income/Expense	
Fundraising Income	434,000
Fundraising Expense	44,000
Net Other Income	390,000
Net Income	(129,000)