Form **990**

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning	, 2022, a	nd ending		, 20
В	Check if a	applicable: C Name of organization CODE THE DREAM INC			D Emplo	yer identification number
	Address o	change Doing business as				26-3275886
_	Name cha			Room/suite	F Teleph	none number
=	Initial retu					(919)886-6075
一		rn/terminated City or town, state or province, country, and ZIP or foreign postal code			G Gross	
Ħ	Amended				\$	3,344,092
Ħ				11/2)		
ш	Applicatio	n pending F Name and address of principal officer: ARIS BUINEVICIUS		''	-	
		SAME AS C ABOVE		H(b) Are all		
		ppt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			t. See instructions
	Website:		T	H(c) Group		
		rganization: X Corporation Trust Association Other	L Year of formation	on: 2008 M	State of lega	al domicile: NC
Pa	rt I	Summary				
	1	, -		AM CREATES O		
φ		CHANGES LIVES, BUILDS TECHNOLOGY THAT BENEFITS OF	JR COMMUNIT	IES, AND SUP	PORTS	THE DIVERSITY
anc		THAT DRIVES A MORE JUST AND INNOVATIVE WORLD.				
ern						
Š	2	Check this box if the organization discontinued its operations or disposed			1 1	
<u>ن</u>	3				3	10
es	4	Number of independent voting members of the governing body (Part VI, line	,		4	8
ξ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	• • • • • • •		5	27
Activities & Governance	6	Total number of volunteers (estimate if necessary)	• • • • • • •	• • • • • • • •	6	171
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	• • • • • • • •		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	• • • • • • •		7b	0
				Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,784	1,247	2,587,507
P	9	Program service revenue (Part VIII, line 2g)		591	1,117	755,657
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			27	50
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			850	878
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	2,376	5,241	3,344,092
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)	1,066	5,726	1,662,566
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
ĕ	b	Total fundraising expenses (Part IX, column (D), line 25)	170,755			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		743	3,572	1,032,493
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,810	,298	2,695,059
	19	Revenue less expenses. Subtract line 18 from line 12		565	5,943	649,033
	S D			Beginning of Curr	ent Year	End of Year
ets	20	Total assets (Part X, line 16)		1,244	1,990	1,958,684
Net Assets or	21	Total liabilities (Part X, line 26)		31	L,157	139,456
Set Set	22	Net assets or fund balances. Subtract line 21 from line 20		1,213	3,833	1,819,228
Pa	rt II	Signature Block				
		es of perjury, I declare that I have examined this return, including accompanying schedules and stater and complete. Declaration of preparer (other than officer) is based on all information of which prepare		of my knowledge and be	lief, it is	
- iiue	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	nas any knowledge.			
		ARIS BUINEVICIUS			11	-15-2023
Sig	n	Signature of officer			Date	е
Hei	re	a Dini				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Date	Check	if	PTIN
Pai	d	Lori A Aveni	11-15-20	23 self-em	ployed	P01721281
Pre	parer	Firm's name Lori Aveni CPA PLLC		Firm's EIN		
Use	only	Firm's address 115 Salem Towne Ct		Phone no.		
	•	Apex NC 27502			919-3	308-2470
May	the IRS	S discuss this return with the preparer shown above? See instructions				X Yes No

) (Revenue \$

including grants of \$

2,327,425

(Expenses \$

Total program service expenses

4e

Part IV

Checklist of Required Schedules

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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," 11a х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 X 14a х 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 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х

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Page 4

Del the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2º /f "Fee," complete Schedule I, Parts I and III. 22	Par	t IV Checklist of Required Schedules (continued)			
Part IX. column (A), line 2? II "Yes," complete Schedule I, Parts I and III . 22 Did the organization savered rise's for Part IX is Scientin A. Intel 3. and a supplyees." II "Yes." complete Schedule I, and a supplyees." II "Yes." complete Schedule I, and a supplyees." II "Yes." complete Schedule I, and a supplyees." II "Yes." complete Schedule I. I and a supplyees." II "Yes." complete Schedule I. I was supplyeed to supply the supplyees. It is supplyeed to organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year. In this was issued affect December 31, 2002? If "Yes," answer lines 24b through 32d and complete Schedule Ix. If "No." job time 25a. 24a Did the organization invest any proceeds of tixe-exempt bonds beyond a temporary period exception". 24b Did the organization marked an excerva excount order than a refunding secons at any time during the year to delease any tax-exempt bonds? I secure for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization area are 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 arginization report and year. 25c In "Yes." complete Schedule I. Part I. 25d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former demandation report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former from a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former from a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former from a grant or other assistance to any				Yes	No
23 24 25 26 27 27 28 28 28 28 29 29 29 29	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
organization's current and former officers, directors, fusebess, key employees, and highest compensated employees. If "Yes," complete Schedule J. and the standard of the search of the		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
employees? If "Yes," complete Schedule I. 23 24a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Did the organization have a tax-exempt bord issue with an outstanding principal amount of more than \$100,000 as of the least day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 24a Did the organization invest any proceeds of tixe-exempt bords beyond a temporary period exception". 24b Did the organization invest any proceeds of tixe-exempt bords beyond a temporary period exception". 24c Did the organization marks an excrew account of orther than a refunding secons at any time during the year to defease any two-exempt bords? 24c Did the organization and as an 'in oberial' of issuer for bords outstanding at any time during the year? 25d Section 591(2)(3), 591(2)(4), and 591(2)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 25d Is the organization avers 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 engage in an excess benefit transaction with a disqualified person and the transaction has not been reported on any of the organization engage 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 engage in an excess benefit transaction with a disqualified person and the transaction with a disqualified person and prior transfer of the organization provide a grant or order assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or funding engage and any of these persons? If "Yes," complete Schedule I, Part IV. 25d Did the organization provide a prior to order assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete		organization's current and former officers, directors, trustees, key employees, and highest compensated			
S100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 28a. b Did the organization mivest any proceeds of tax-exempt bords beyond a temporary period exception?. 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), 40 501(c)(3) and 501(c)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25a Is the organization wave that the gragader in a research that the substance of the second of the		employees? If "Yes," complete Schedule J	23		X
through 244 and complete Schedule K. If "No." go to line 25a. 44 b 5 b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-everapt bonds? 5 b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-everapt bonds? 5 b) Did the organization account and no hehalf of "issuer for bonds outstanding at any time during the year? 5 c) Did the organization account and no hehalf of "issuer for bonds outstanding at any time during the year? 5 c) Did bond on the disqualitied person during the year? 6 b) Is the organization aware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 6 b) Is the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or formediore, director, trustee, key employee, creator or formedior, and the prior of prior director of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II. 7 2 b) A star in the prior of former director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 8 2 c) Did the organization review more than 255,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. 9 Did the organization review more than 255,000 in non-cash contributions? If "Yes," complete Schedule N, Part IV. 10 Did the organization c	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
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to defease any tax-exempt bonds? 24d d Did the organization act as an "on-behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25a Is the organization aware that it engaged in an excess benefit arransaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. 25b 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 sprior Forms 990 or 990-E2? 25b If "Yes," complete Schedule L. Part II. 25c Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key emptybee, creator or founder, substantial contributor, or 35% controlled entity or tamily member or any of these persons? If "Yes," complete Schedule L. Part II. 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereod, a grant as election committee member, or to a 35% controlled entity (including an employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof), a grant selection organized (including any part of a business transaction with one of the following parties (see the Schedule L. Part IV. 27 Did the organization spent put to a business transaction with one of the following parties (see the Schedule L. Part IV. 28 Vas the organization spent put put a business transaction with one of the following parties (see the Schedule L. Part IV. 28 Vas the organization parties of creation of the following parties (see the Schedule L. Part IV. 28 Vas Complete Schedule L. Part IV. 28 Vas Complete	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complate Schedule L, Part I . 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any or these persons? If "Yes," complete Schedule L, Part II. 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof), agrant selection committee member, or to a 35% controlled entity (noting) an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28c 7 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization organization receive contributions or dissolve and cease operations? If "Yes," complete Schedule M. 31 Did the organization organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization organization organization organization with a controlled entity within the meaning o		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
# "Yes," complete Schedule L, Part II . 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part III . 26 Part IV instructions, for applicable familiar on the substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee) thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II . 27 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, Instructions, for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 VI. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 5 Did the organization comply with backup withholding rules for reportable payments to vendors and	30				
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	0.4				X
complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 VI. 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 5 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 c Did the organization comply with backup withholding rules for reportable payments to vendors and			31		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	32		20		•
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	22		32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	33		22		x
or IV, and Part V, line 1	2/		33		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	-		34		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a				x
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	_		554		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	~		35b		x
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
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 VI			36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O			37		x
19? Note: All Form 990 filers are required to complete Schedule O	38				
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_		38	x	
Check if Schedule O contains a response or note to any line in this Part V	Par				
Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			<u></u> .	<u></u> .	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		<u> </u>			No
c Did the organization comply with backup withholding rules for reportable payments to vendors and	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
reportable gaming (gambling) winnings to prize winners? 1c x	С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
		reportable gaming (gambling) winnings to prize winners?	1c	x	

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Form	990 (2022) CODE THE DREAM INC	26-32758	86	F	² age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. [5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	. 	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	. 	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		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 8899 as require	∍d?	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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		x
10	Section 501(c)(7) organizations. Enter:	Ī			
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	. 	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	[16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.	Ī			

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CODE THE DREAM INC Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
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, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ '		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'		l
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	Х	
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	9		
202	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
566	tion D. Foncies (This Section B requests information about policies not required by the internal nevertue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		Α
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed North Carolina Section 6104 requires an experiential to make its Forms 1000 (1004 or 1004 A if applicable) 000 and 000 T (section F01/a)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records.			
_U	DANTEL PEARLICK (919)886-6075 201 W MAIN ST SULTE 100 DURAM NC 27701			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

						•		,,-		
				(C)					
(A)	(B)	 ,.	Position				(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated amount			
	hours				compensation	compensation	of other			
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or c	Inst	Officer	<u>§</u>	em	Forme	1099-MISC/	1099-MISC/	organization and
	related	lirect	Ē	cer	em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ě com				
	below	stee	trust		ě	pen				
	dotted line)		8			Highest compensated employee				
						<u> </u>				
(1) DANIEL REARICK	55.00									
CO-EXECUTIVE DIRECTOR		x		X				128,000	0	17,958
(2) DAISY MAGNUS-ARYITEY	55.00									
CO-EXECUTIVE DIRECTOR		x		X				128,500	0	6,425
(3) THOMAS RAU	55.00									
DIRECTOR OF CTD LABS						x		101,363	0	5,638
(4) CARLOS PIGNATARO	1.50									
DIRECTOR		x						0	0	0
(5) JENNIFER ZACHARY	1.50									
DIRECTOR		x						0	0	0
(6) ALEX BOAKYE	1.50									
DIRECTOR		x						0	0	0
(7) MANUEL RAMOS GONZALES	1.50									
DIRECTOR		x						0	0	0
(8) DAVID LABOY	1.50									
DIRECTOR		x						0	0	0
(9) SUSAN ROHOL	1.50									
DIRECTOR		x						0	0	0
(10)ARIS_BUINEVICIUS_	2.00									
CHAIR		x		x				0	0	0
(11)ANA MARIA ECHEVERRI	2.00									
TREASURER		x		x				0	0	0
(12)										
<u>(13)</u>										
(14)										

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Part VII Section A. Officers	Directors, T	rustees,	Key I	Emp	olo	yee	s, ar	nd F	Highest Comp	ensated E	mploye	es	(conti	inued)
					((C)								
(A) Name and title			box,	unles	eck m ss per	son is	nan one s both a /trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W		com	(F) ated amo of other apensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)		organ	nization a organiz	
<u>(15)</u>														
(16)														
<u>(17)</u>														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b Subtotal c Total from continuation sheets				• • •		• • • • •								
d Total (add lines 1b and 1c) .									357,863		0		30,0)21
2 Total number of individuals (inclure reportable compensation from the	•	ed to those I	isted a	bove	e) wl	no re	eceive	d mo	ore than \$100,000	of				3
Toportable compondation non-tile	o organization												Yes	No
3 Did the organization list any for			-				-		•			3		v
employee on line 1a? <i>If "Yes," o</i> 4 For any individual listed on line 1										• • • • • •		3		X
organization and related organiz														
individual • • • • • • • • •						• •	• • •	• •		• • • • • •	• •	4		X
5 Did any person listed on line 1a r for services rendered to the organ							_					5		x
Section B. Independent Contr		, ,												
Complete this table for your five h compensation from the organizat											ear.			
Nom	(A) e and business addres								(B) Description of service		Con	(C)	ation	
DREAMLIGHT STRATEGIES, 250			SW V	VILS	SON			SOF	FTWARE DEV	65	Con		.18,0	000
2 Total number of independent cor received more than \$100,000 of		-		thos	e lis	ted a	above) wh	10	2				

9

Form 99	90 (20	(22) CODE	THE DREAM	INC				26-32758	386 Page 9
Part \	VIII	Statement of Rev	enue						
		Check if Schedule O co	ontains a respons	se or n	ote to any line in this	s Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
	b			1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
ng Do	d			1d					
r Ar	е			1e					
<u>ia</u> g	f		•						
Sig		and similar amounts not in	-	1f	2,587,507				
but	g								
d d	3	lines 1a-1f		1g	\$ 29,957				
နှင့်	h				·	2,587,507			
					Business Code				
	2a	APPLICATION DEVEL	ОРМЕНТ		541511	755,657	755,657		
<u>8</u>	b					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
erv ne	c								
Program Service Revenue	d								
Re B	e								
õ		All other program service i	revenue						
_		Total. Add lines 2a-2f .				755,657			
	3	Investment income (includi				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	3	other similar amounts) •				50	50		
	4	Income from investment of			T				
	5	Royalties	•	•					
			(i) Rea		(ii) Personal				
	6a	Gross rents	6a	-	(.,,				
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
		,	(i) Securit		(ii) Other				
	/a	Gross amount from sales of assets	(i) Geodine	100	(ii) Guioi				
		other than inventory	7a						
	b	Less: cost or other basis							
Φ	_	and sales expenses	7b						
enne	С	Gain or (loss)	7c						
Je K		Net gain or (loss)							
Other Rev		Gross income from fundrai							
₹		events (not including \$	9						
Ū		of contributions reported o	n line	-					
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
		Net income or (loss) from f							
		Gross income from gaming	_						
		activities, See Part IV, line	_	9a					
	b	Less: direct expenses .		9b					
		Net income or (loss) from g							
		Gross sales of inventory, le							
	IUa	returns and allowances •		10a					
	b	Less: cost of goods sold		10k					
		Net income or (loss) from s							
		(, - •	Business Code				
Ø	11a	CREDIT CARD REWAR	DS.		561499	878	878		
Miscellanous Revenue	b					2.0	3.0		
la Ven	c								
Sce		All other revenue							
Ξ		Total. Add lines 11a-11d				878			

3,344,092

756,585

0

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Part IX **Statement of Functional Expenses**

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

_	Check if Schedule O contains a response or note to			(C)	(D)
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	356 500	120 250	76 000	F1 2F0
	trustees, and key employees	256,500	128,350	76,900	51,250
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	1,124,448	984,998	59,200	90.250
8	Pension plan accruals and contributions (include	1,124,448	984,998	59,200	80,250
0	section 401(k) and 403(b) employer contributions)	55,808	44,632	6,350	4,826
9	Other employee benefits	111,872	90,552	10,183	11,137
10	Payroll taxes	113,938	91,857	11,234	10,847
11	Fees for services (nonemployees):	113,930	91,037	11,234	10,047
'' a	Management				
b	Legal				
c	Accounting	9,440		9,440	
d	Lobbying	3/110		3/110	
e	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	871,235	859,707	7,628	3,900
12	Advertising and promotion	2,700	2,629	58	13
13	Office expenses	5,444	4,390	535	519
14	Information technology	68,158	63,002	1,312	3,844
15	Royalties			, -	
16	Occupancy	33,421	26,948	3,293	3,180
17	Travel	13,695	13,695	•	·
18	Payments of travel or entertainment expenses	·	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,293	8,293		
23	Insurance	1,846		1,846	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER PERSONNEL EXPENSES	9,885	7,969	975	941
b	DUES AND SUBSCRIPTIONS	2,423		2,423	
С	SUPPLIES AND EQUIPMENT	501	403	50	48
d	BANK CHARGES	5,292		5,292	
е	All other expenses	160		160	
25	Total functional expenses. Add lines 1 through 24e	2,695,059	2,327,425	196,879	170,755
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				
					Form 990 (2022)

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Form 990 (2022) **Part X Ba 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
	1	Cash - non-interest-bearing	432,891	1	1,031,001
	2	Savings and temporary cash investments	630,269	2	500,319
	3	Pledges and grants receivable, net	30,000	3	180,000
	4	Accounts receivable, net	103,724	4	118,383
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	2,517	9	73,096
	10a	Land, buildings, and equipment: cost or other	,		
		basis. Complete Part VI of Schedule D 10a 29,809			
	b	Less: accumulated depreciation 10b 8,293	2,244	10c	21,516
	11	Investments - publicly traded securities	·	11	•
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	43,345	15	34,369
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,244,990	16	1,958,684
	17	Accounts payable and accrued expenses	22,633	17	31,609
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iapi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	8,524	25	107,847
	26	Total liabilities. Add lines 17 through 25	31,157	26	139,456
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	1,071,333	27	1,434,228
3ala	28	Net assets with donor restrictions	142,500	28	385,000
βĒ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ŏ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	1,213,833	32	1,819,228
	33	Total liabilities and net assets/fund balances	1,244,990	33	1,958,684

Form **990** (2022) EEA

Page **12**

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	;	3,344	,092
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,695	,059
3	Revenue less expenses. Subtract line 2 from line 1	3		649	,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	:	1,213	,833
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(43	,638)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	:	1,819	,228
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		• • • •	\Box
				Yes	No
1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •	28	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?	• • •	2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • •	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
0-	Schedule O.				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
L	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	• • •	38	-	X
O	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3k		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	· · ·		rm 990	(2022)
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** PUBLIC DISCLOSURE COPY **

SCHEDULE A (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

CODE THE DREAM INC 26-3275886 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. h 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) **Total**

Schedule A (Form 990) 2022 CODE THE DREAM INC 26-3275886 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (f) Total Calendar year (or fiscal year beginning in) (e) 2022 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 321,950 869,975 845,306 2,343,214 3,343,164 7,723,609 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 845,306 2,343,214 3,343,164 321,950 869,975 7,723,609 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,293,499 Public support. Subtract line 5 from line 4. 5,430,110 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 321,950 845,306 2,343,214 869,975 3,343,164 7,723,609 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 32 21 15 27 50 145 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 878 878 11 **Total support.** Add lines 7 through 10 7,724,632 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 70.30 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization........... 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

 Schedule A (Form 990) 2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization rails to quality	under the te	sis listed beig	w, piease co	implete i ait i	1.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						_
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons •						
b	Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from						
0	• • ` `						
Coati	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in)	(=) 0010	(b) 0010	(a) 0000	(4) 0001	(a) 0000	(f) Total
		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	ird, fourth, or fi	fth tax year as	a section 501(d	c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13, column (f))		15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc				· -		
17	Investment income percentage for 2022 (I			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2021			-		18	%
19a	33 1/3% support tests - 2022. If the orga						
. Ju	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organizati	=	_	•			
D	line 18 is not more than 33 1/3%, check this bo						
20		-	-			-	_
20	Private foundation. If the organization di	u not check a	DUX UH IINE 14,	, 19a, 01 190, 0	JUSCK HIIS DOX	and see mstruc	ແບກຣ••• <u></u>

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Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	За		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	 -		
_	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	,		
o	72. If "Vac." complete Part Lef Schedule L. (Form 900)	Q		

- 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

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Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inat	ruotio	
1		HISU	ructio	1115 <i>)</i> .
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 (exp	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			()	(optional)
	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III suppor	ting organization
	(see instructions).	-		· -

EEA Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continue	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
	From 2019				
	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С					
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
<u>b</u>	Excess from 2019				
<u> </u>	Excess from 2020				
d	Excess from 2021				

EEA Schedule A (Form 990) 2022

e Excess from 2022

. . . .

** PUBLIC DISCLOSURE COPY **

Schedule A (F	Form 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
I alt VI	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
-	
-	

Schedule A (Form 990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

	f the organization		Employer identification number
	THE DREAM INC zation type (check one):		26-3275886
Filers of	f:	Section:	
Form 99	90 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 99	90-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 it	f your organization is cove	ered by the General Rule or a Special Rule .	
Note: O		3), or (10) organization can check boxes for both the General Rule and a Special	Rule. See
General	l Rule		
X		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling operty) from any one contributor. Complete Parts I and II. See instructions for deterutions.	
Special	Rules		
	regulations under section 16b, and that received for	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lin rom any one contributor, during the year, total contributions of the greater of (1) s (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	e 13, 16a, or \$5,000; or
	contributor, during the y literary, or educational p	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, total contributions of more than \$1,000 exclusively for religious, charitable, surposes, or for the prevention of cruelty to children or animals. Complete Parts I (ead of the contributor name and address), II, and III.	cientific,
	contribution, during the y contributions totaled mod during the year for an ex General Rule applies to	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were reclusively religious, charitable, etc., purpose. Don't complete any of the parts unlithis organization because it received nonexclusively religious, charitable, etc., or during the year	n eceived ess the ontributions
must a	answer "No" on Part IV, lir	n't covered by the General Rule and/or the Special Rules doesn't file Schedule E ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form ne filing requirements of Schedule B (Form 990).	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$\$	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$ 90,050	Person Repaired Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$ 400,000	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$\$	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$	Person x Payroll			

Part I	Contributors (see instructions). Use duplicate co	ns). 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			
7		\$\$	Person x Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$\$	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$\$,000	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11_		\$\$,000	Person x Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$ 10,000	Person X Payroll			

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4		
14		\$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ 250,970	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 10,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ 20,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$ 30,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person x Payroll

Schedule B (Form 990) (2022) Page 2 Name of organization **Employer identification number** CODE THE DREAM INC 26-3275886 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c)
Total contributions (a) (b) (d) No. Name, address, and ZIP + 4 Type of contribution 25 Person x **Payroll** 100,000 Noncash (Complete Part II for noncash contributions.) (c)
Total contributions (b) (d) (a) Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for

			Honeasii contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

** PUBLIC DISCLOSURE COPY ** **Supplemental Financial Statements**

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number CODE THE DREAM INC 26-3275886 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year а 2a 2b b Number of conservation easements on a certified historic structure included in (a) С 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: а

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

Part VI	Land, Bui	ldings,	and E	quipmen	t
---------	-----------	---------	-------	---------	---

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment		2,362	8,293	(5,931)
е	OtherSTMD1E.		27,447		27,447
Total.	21,516				

Page 3

** PUBLIC DISCLOSURE COPY ** CODE THE DREAM INC

Part VII	Investments - Other Securities.	d "Voo" on Forn	000 Bor	+ 1\/ lina 11k	. Cao Earm	000 Port V line 10
	Complete if the organization answered (a) Description of security or category (including name of security)	u res on For	(b) Book va		(c) Me	thod of valuation: -of-year market value
(1) Financial					Cost of end	-or-year market value
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col. (B) line 12	2.)				
Part VIII	Investments - Program Related.					
	Complete if the organization answered	d "Yes" on Forn	n 990, Par	t IV, line 11d	c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	alue		thod of valuation: -of-year market value
(1)						<u> </u>
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	on (b) must equal Form 990, Part X, col. (B) line 13 Other Assets.	3.)				
	Complete if the organization answered	d "Yes" on Forn	n 990, Par	t IV, line 11d	d. See Form	990, Part X, line 15.
		escription				(b) Book value
(1)PRODUC	I DEVELOPMENT					34,369
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col. (B) line 15	5.) 		• • • • • •		34,369
Part X	Other Liabilities.	-l \	- 000 D	. 157 - 15 44 -		F 000 D+ V
	Complete if the organization answered line 25.	a "Yes" on Forn	n 990, Par	t IV, line 116	e or 111. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book va	lue			
(1) Federal	income taxes					
(2PAYROL	L LIABILITIES		44,847			
(3DEFERRI	ED REVENUE		63,000	_		
(4)						
(5)						
(6)				-		
				_		
(8)						
(9)				-		
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) • •	1	07,847			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

 ** PUBLIC DISCLOSURE COPY ** code the dream inc Page 4

Part	• • • • • • • • • • • • • • • • • • •		-	Return	•
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements	• • •	• • • • • • • • •	1	3,344,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		• • • • • • • • • •	3	3,344,092
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 Dotu	3,344,092
Part	• • •			r Hetu	rn.
	Complete if the organization answered "Yes" on Form 990, P			4	2 (04 041
1	Total expenses and losses per audited financial statements	• • •	• • • • • • • • • •	1	2,694,941
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-			
a	Donated services and use of facilities	2a	(41, 220)		
b	Prior year adjustments	2b 2c	(41,239)		
C	Other (Describe in Part XIII.)	2c 2d			
d	Add lines 2a through 2d			20	(41 220)
е 3	Subtract line 2e from line 1			2e 3	(41,239) 2,736,180
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		• • • • • • • • •	3	2,730,100
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	_		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	2,736,180
Part					2//30/100
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	linge 1h	and 2h: Part V line 4: P	art X line	2
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar			Q1 (71, 111)	
_,	7.1, 11.00 24 41.4 13, 41.4 1 41.7 11, 11.00 24 41.4 15.7 100 00 1 pleto 11.10 part to provide at	.,			
_					

Schedule D (Form 990) 2022 EEA

** PUBLIC DISCLOSURE COPY **

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

CODE THE DREAM INC

Employer identification number

26-3275886

Part	t I │ Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
J	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
	Securities - Closely held stock							
10	•							
11	Securities - Partnership, LLC,							
10	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential		_					
16	Real estate - Commercial	X	1	29,957	FMV			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the	J	• ,	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29			
							Yes	No
30a	During the year, did the organization reco	-						
	28, that it must hold for at least three year	rs from the d						
	used for exempt purposes for the entire	holding perio	d?			30a		X
b	If "Yes," describe the arrangement in Pa	rt II.						
31	Does the organization have a gift accept	ance policy t	hat requires the review of any r	nonstandard				
	contributions?					31		X
32a	Does the organization hire or use third p	arties or rela	ted organizations to solicit, pro-	cess, or sell noncash				ı
	contributions?					32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ich column (a) is checked,				
	describe in Part II.							

SCHEDULE O (Form 990)

** PUBLIC DISCLOSURE COPY ** Supplemental Information to Form 990 or 990-EZ

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

0 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

CODE THE DREAM INC 26-3275886 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS PREPARED BY A CPA FIRM. A DRAFT IS PROVIDED TO THE TREASURER AND MADE AVAILABLE TO OTHER BOARD MEMBERS FOR REVIEW. UPON APPROVAL FROM THE TREASURER, FORM 990 IS SUBMITTED TO THE INTERNAL REVENUE SERVICE. 02. Conflict of interest policy compliance (Part VI, line 12c) IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST TO THE BOARD AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD. AFTER DISCLOSURE, A MAJORITY OF THE REMAINING DIRECTORS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS OUTSIDE OF THE PRESENCE OF THE INTERESTED PERSON. THE CHAIR OF THE BOARD SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. 03. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD OF DIRECTORS PERFORMS AN ANNUAL SALARY EVALUATION FOR THE CO-EXECUTIVE DIRECTORS INCLUDING COMPARISONS AND CONTEMPORANEOUS SUBSTANTIATION. 04. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO THE MAIN OFFICE. 05. List of other fees for services expenses (Part IX, line 11g) FEES PAID TO CONTRACTORS WHO ARE ASSISTING IN THE DEVELOPMENT OF CODE THE DREAM

APPLICATIONS.

Form 4562

Department of the Treasury

Name(s) shown on return

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172 **2022**

Identifying number

Attachment Sequence No. **179**

CODE THE DREAM INC FORM 990 - 1 26-3275886 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 ... 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 118 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 17 538 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 3-year property 19a 5-year property 7-year property **d** 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental MM S/L 27.5 yrs. S/L property 27.5 yrs. MM 39 yrs. MM S/L Nonresidential real S/L property MM Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L c 30-year 30 yrs. MM S/L d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 656 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

** PUBLIC DISCLOSURE COPY **

FOR YOUR RECORDS ONLY Federal Supporting Statements 2022 PG01								
Name(s) as shown on return			Tax ID Number					
CODE THE DREAM INC			26	5-3275886				
	FORM 990 - SCHEDULE D - PART VI - LINE 1E STATEMENT #D1E INVESTMENTS - OTHER							
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK				
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE				
SOFTWARE FOR INTERNAL USE	0	27,447	118	27,329				
TOTAL	0	27,447	118	27,329				