Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 8

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

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30.

Open to Public Inspection

	W1 W1	220 to activities your, or tax year beginning 0011 1, 2010 and	chang D	014 30, 2013	
B	Check if applicat	C Name of organization		D Employer identifi	ication number
	Addr	DREAM CHARTER SCHOOL			
	Name			**_*	**1386
	Initial		Room/suite	E Telephone numbe	
	Final	, 1991 SECOND AVENUE			722-1608
	termi ated	City or town, state or province, country, and ∠IP or foreign postal code		G Gross receipts \$	18,685,217.
	Amer	NEW TORK, NY 10029		H(a) Is this a group re	
	Appli	F Name and address of principal officer: RICHARD BERLIEN		for subordinates	? Yes X No
_	pend	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) (1) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: > WWW.WEAREDREAM.ORG		H(c) Group exemption	
		organization; X Corporation Trust Association Other	L Year	of formation: 2008	M State of legal domicile: NY
Pa	irt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: DREA			
Activities & Governance		HIGH-PERFORMING HIGH SCHOOLS, COLLEGES AN			
ern	2	Check this box if the organization discontinued its operations or dispos		T T	
ò	3	Number of voting members of the governing body (Part VI, line 1a)	,,,,	3	8
త	4	Number of Independent voting members of the governing body (Part VI, line 1b)			8
ijes	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	191
ţ,	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		6	179
Ac		Net unrelated business taxable income from Form 990-T, line 38			0.
-		Net directated business taxable injurie non Form 930-1, line 50		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,588,463.	4,738,144.
ge-		Program service revenue (Part VIII, line 2g)		10,969,110.	13,534,689.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,252.	5,548.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,480.	11,428.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column Aj, line 12)		14,571,305.	18,289,809.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(n	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,909,032.	10,437,799.
use	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	75.		
ជា	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,503,778.	6,555,766.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,412,810.	16,993,565.
_	19	Revenue less expenses. Subtract line 18 from line 12	,,,,,,,	158,495.	1,296,244.
SOF			Be	inning of Current Year	End of Year
Assets		Total assets (Part X, line 16)		2,414,999.	4,176,990.
appeal .		Total liabilities (Part X, line 26)		668,575.	1,133,322.
	22 rt	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,746,424.	3,043,668.
_				nda anad da dha baad ad aa	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Deslaration of marker to they than officer is based on all information of wh			knowledge and belief, it is
uue,	COLLEC	t, and considered. Deplat and to the later to the trial to the later to based on an information of win	iuit inchaici i	ias any knowledge.	15 8
Sign		Signature of officer		Date 0/6	120
Here		RICHARD BERLIN, CHAIRMAN			1
1104		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid			RNIA 0	5/19/20 If self-emilione	P00535099
Prep		Firm's name MARKS PANETH LLP		Firm's EIN	**-***8842
Use	Only	Firm's address 685 THIRD AVENUE			
		NEW YORK, NY 10017		Phone no. 21	2-503-8800
May	the IF	S discuss this return with the preparer shown above? see instructions			X Yes No
83200	1 12-3	LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2018)

4d	Other	program	services	(Describe	in Sc	hedule	O.)
	17.						

(Expenses \$ including grants of \$

Total program service expenses ► 13,734,004.

Form 990 (2018) DREAM CHARTER SCHOOL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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 Revenue Procedure 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 "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	3		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 21
	as applicable.	4		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Port VI	44-	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	_11a		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	d d la		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			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 reported in	11c	-	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	х	_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	_	-
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	_
			v	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	_
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	v	<u>X</u>
	PALLIE TO THE TAX AND	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	\rightarrow	<u>X</u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV			v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	<u>X</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			77
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	<u>X</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			37
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	<u>x</u>
• 1				3.7
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u>X</u>
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
20-	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u>X</u>
b o ₄	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
-	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24 a	Schedule J	23	X	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			37
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
		28b		X
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-00		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		_X_
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	\rightarrow	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
332004	12-31-18	Form	990 (2	2018)

_	on the contract of		_	_					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
	filed for the calendar year ending with or within the year covered by this return		. 53	N.					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	111111					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	Λ						
За	Did the average testion have consistent to store and the store of the constant to the constant	3a	х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	- **						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country:	70							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		2.7						
5a	· ·	5a		X					
b		5b		X					
C									
6a		5c							
	any contributions that were not tax deductible as charitable contributions?	6a		х					
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).			E					
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 required?	7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	_					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
	1		-						
	Gross income from members or shareholders	-8 kg							
~									
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	5.4							
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.	104	7						
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	7.9							
C	Enter the amount of reserves on hand	19)	Till.						
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
5	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 instructions and file Form 4720, Schedule N.								
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	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:	7.5		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	-23	Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		- 25
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)	9		-77
	(mis Section B reduests information about policies not required by the internal nevenue Code,)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	res	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa		- 21
	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 filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		-01
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
	in 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	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
а	The organization's CEO, Executive Director, or top management official	45.	х	
	Other officers or key employees of the organization	15a	-	Х
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	-	40-		v
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		X
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	401		
Sect	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE	_		
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			
10	for public inspection. Indicate how you made these available. Check all that apply.	oniy) a	availab	ie
10		,,		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	al	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LYDIA TOMMY , DIRECTOR OF FINANCE – 212-722-1608	_		_
	1991 SECOND AVENUE, NEW YORK, NY 10029		-	_

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	l		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	p or d	ge l			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee		æ	шреп		(44-27 1099-141100)		organization and related
	below	dual	utiona	<u></u>	Key employee	st co	2			organizations
	line)	İndivi	Instit	Officer	Key e	Highest compensated employee	Form			or gamzation to
(1) ASHISH DOSHI	1.00									
TREASURER		X		X	Ĺ.,			0.	0.	0.
(2) BRAD VISOKEY	1.00									
TRUSTEE		X						0.	0.	0.
(3) CLAUDIA ZELDIN	1.00									
SECRETARY		X		X				0.	0.	0.
(4) DAVID KIRSCH	1.00									
TRUSTEE		X						0.	0.	0.
(5) JONATHAN GYURKO	1.00									
TRUSTEE		X						0.	0.	0.
(6) JONATHAN SCHMERIN	1.00									
TRUSTEE		X		Ц				0.	0.	0.
(7) MICHELE JOERG	1.00							_		
VICE PRESIDENT		X		Х				0.	0.	0.
(8) RICHARD BERLIN	1.00							_		
CHAIRMAN & PRESIDENT	10.00	X		X				0.	0.	0.
(9) EVE COLAVITO	40.00								_	
CHIEF OF SCHOOLS	0.00			Х			_	288,186.	0.	37,488.
(10) SEBNEM GIORGIO	0.00								_	
CONTRACTED CHIEF FINANCIAL OFFICER	40.00	_		X	_		_	0.	0.	0.
(11) CATHERINE SCHMIDT-DOCTOR	40.00							404 045	_	
MANAGING DIRECTOR OF FAMILY & COMMUN	40.00			_		X	_	121,217.	0.	7,838.
(12) EMILY PARKEY	40.00					,,		100 (40		
DIR. OF FAMILY, COM. & GOV	40.00	_	-	_	_	X	_	123,643.	0.	36,145.
(13) JARED FRANCIS	40.00					,,		125 001		
HIGH SCHOOL PRINCIPAL (14) KARA BROCKETT	40.00	_	\dashv	-	_	X	-	135,891.	0.	8,746.
ELEMENTARY SCHOOL PRINCIPA	40.00					٦,		127 000		24 425
(15) MAJORIE CASS	40.00		-	-	_	Х		137,223.	0.	31,136.
MIDDLE SCHOOL PRINCIPAL	40.00					x		145 046		05 445
MIDDLE SCHOOL PRINCIPAL		-	-		_	_		145,846.	0.	25,445.
				-	_					
000007 40 04 40				_	_		_			= 000 main

Form 990 (2018) DREAM CHA									**_**	138	6	Page 8	
Part VII Section A. Officers, Directors, Trust		loye	es,			ghes	t C		s (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ıan	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amour othe	ated nt of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organization		
			\downarrow		Ц								
dh Cab balai						Ц		052.006	0	1	16 5	700	
to Sub-total continuation sheets to Part VII,	Section A				• · · · · ·)		952,006. 0. 952,006.	0		0.		
d Total (add lines 1b and 1c)							o re		000 of reportable	• 1	16,	798.	
compensation from the organization											Yes	No No	
3 Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su	ch individual							••••••	• •	3		X	
4 For any individual listed on line 1a, is the sur and related organizations greater than \$150,	000? If "Yes,"	con	nple	te S	che	dule	J fo	or such individual		4	х		
Did any person listed on line 1a receive or accorded to the organization? If "Yes," comp. Section B. Indonesia Contract									5	0	х		
Complete this table for your five highest complete the appropriation. Parent complete for the appropriation for the appropriation.										ation f	rom	_	
the organization. Report compensation for the (A) Name and business a	***	NO:			LITI OI	r WIL	nin.	(B) Description of se		Comp	C)	nn	
		110.	1111				1			ОСПІР	or location	-	
							1						
							1						
Total number of independent contractors (inc. \$100,000 of compensation from the organization)		t limi	ited	to tl	nose 0		ed a	above) who received mo	re than				

Form 990 (2018) DREAM CHARTER SCHOOL Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
st of	1 :	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	Membership dues	1b					100
ο i		Fundraising events	1c					
Sifts		d Related organizations						North Control
S, E		e Government grants (contribut		2,066,673.				
50	1	All other contributions, gifts, gran	its, and					
part		similar amounts not included abo		2,671,471.				
E	و	Noncash contributions included in lines	1a-1f: \$					
CO	H	Total. Add lines 1a-1f			4,738,144.	THE COUNTY		
				Business Code			- 4	
ø	2 a	TUITION REVENUE			13,534,689.	13,534,689.		
Σ̈́	t	0 (
Program Service Revenue								
am	,	1						
og a	€							
4	f	All other program service reve	nue					
		Total. Add lines 2a-2f			13,534,689.			
	3	Investment income (including						
		other similar amounts)			2,766.			2,766.
	4	Income from investment of tax	c-exempt bond p	oroceeds 🕨				
	5	Royalties	· <u></u>					
			(i) Real	(ii) Personal				E . E . E . E . E . E . E . E . E . E .
	6 a	Gross rents						The state of
	b							1 1 1 3
	C	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		A LOUGH LINE	- E	
		assets other than inventory	398,190.					
	b	Less: cost or other basis						P. Million Carl
		and sales expenses	395,408.		- Y- Y-			
		Gain or (loss)						
		Net gain or (loss)		>	2,782.			2,782.
<u>o</u>	8 a	Gross income from fundraising						
venue		including \$						
ě		contributions reported on line						
Other Re		Part IV, line 18						
딁		Less: direct expenses						
		Net income or (loss) from fund	-					
	9 a	Gross income from gaming ac						Martin Tolland
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less r						
- 1		and allowances						
- 1		Less: cost of goods sold						
-	C	Net income or (loss) from sales						
		Miscellaneous Revenue	9	Business Code	44 400	11 100		
	11 a	OTHER REVENUE		900099	11,428.	11,428.		
	b							
	C	All other revenue		 				
	d	***************************************			11,428.	IVER ENGINEERS	The state of the s	
	12	Total. Add lines 11a-11d Total revenue. See instructions		······ [-	18,289,809.	13,546,117.	0.	5,548.
		TOTAL TOTOLIGO, OUU ILIGII UULIOIIG			,,	,,,-	٠.	3,340.

Form 990 (2018) DREAM CHARTER 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 respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ALST WITH A	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	304,445.	252,690.	51,755.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,394,956.	7,553,677.	841,279.	
8	Pension plan accruals and contributions (include	400 000	44		
	section 401(k) and 403(b) employer contributions)	130,367.		12,808.	
9	Other employee benefits	848,724.	763,015.	85,709.	
10	Payroll taxes	759,307.	680,927.	78,380.	
11	Fees for services (non-employees):	0 000 455			
а		3,070,455.	1,088,623.	1,684,557.	297,275.
b	Legal	1,978.		1,978.	
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			A STREET NO.	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	724,330.	604 217	20 012	
40	column (A) amount, list line 11g expenses on Sch O.)	45,867.	694,317.	30,013.	
12	Advertising and promotion	324,620.	292,503.	45,867. 32,117.	
13 14	Office expenses	10,991.	10,468.	523.	
15	Information technology	10,771.	10,400.	523.	
16	Royalties	1,265,500.	1,265,500.		
17	Travel	1,203,3001	1,203,300.		
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,774.	9,698.	1,076.	
23	Insurance	82,004.	71,995.	10,009.	
24	Other expenses. Itemize expenses not covered	T			
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		AN PERMITTERS		
а	UBTI	10,251.	9,193.	1,058.	
b	OTHER STUDENT EXPENSES	354,243.	354,243.		
C	CLASSROOM SUPPLIES	210,936.	210,936.		
d	PROFESSIONAL DEV.	203,756.	183,380.	20,376.	
е	All other expenses	240,061.	175,280.	64,781.	007 57
25	Total functional expenses. Add lines 1 through 24e	16,993,565.	13,734,004.	2,962,286.	297,275.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
00001	Check here if following SOP 98-2 (ASC 958-720)		J.		
აპ∠01(12-31-18				Form 990 (2018)

Form 990 (2018)
Part X | Balance Sheet

rd	πx	Balance Sneet					
		Check if Schedule O contains a response or no	te to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1				4 4 4 4 4 4 4 4	1	
	2	Savings and temporary cash investments			1,474,917.	2	2,194,111
	3	Pledges and grants receivable, net		408,052.	3	1,713,729	
	4	Accounts receivable, net		1,000.	4		
	5	Loans and other receivables from current and for	ormer offic	ers, directors,			
		trustees, key employees, and highest compens	ated empl	oyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	i)(B), and contributing				
		employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
2		employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
ž	8	Inventories for sale or use				8	
	9	Dunmaid and an area of the control of the control			103,324.	9	170,570
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	574,647. 552,123.			
	ь	Less: accumulated depreciation		552,123.	33,298.	10c	22,524
	11	Investments - publicly traded securities			394,408.	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		0.	15	76,056	
_	16	Total assets. Add lines 1 through 15 (must equ	2,414,999.	16	4,176,990		
	17	Accounts payable and accrued expenses		157,634.	17	168,597	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee	es, and dis	qualified persons.		12 1	
Liabilities		Complete Part II of Schedule L				22	
Ī	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third par	ties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	3 17-24). C	omplete Part X of			
		Schedule D			510,941.	25	964,725
	26	Total liabilities. Add lines 17 through 25			668,575.	26	1,133,322
		Organizations that follow SFAS 117 (ASC 958), check h	nere X and			
္က		complete lines 27 through 29, and lines 33 and	d 34.				
월	27	Unrestricted net assets			1,695,424.	27	1,956,418
2 2	28	Temporarily restricted net assets			51,000.	28	1,087,250
3	29	Permanently restricted net assets				29	
∮		Organizations that do not follow SFAS 117 (A	SC 958), (check here 🕨 🗌			
5		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances			1,746,424.	33	3,043,668
	34	Total liabilities and net assets/fund balances .			2,414,999.	34	4,176,990

Form 990 (2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

DREAM CHARTER SCHOOL

-*1386 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 DREAM CHARTER SCHOOL **-**1 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Galeadry year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membrarity fees received. (D) not include any "unusual grants.") 2 Tax revenues levies for the organization without charge transitions benefit and either paid to or expended on its behalf to or expended on this behalf to or expended on this behalf to or expended on this behalf to the organization without charge and person (international transitional tr	Se	ction A. Public Support									
1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax reverues levied for the organization benefit and either paid to or expended on its behalf or expended on its local 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) or Public support organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) organization included on line 1 that exceeds 2% of the amount shown on line 14, column (f) organization from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on the business is regularly carried on 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). 12 Cross receipts from related activities, oct. (see instructions) 13 First five years. If the Fore 900 is for the organization of line 1, line 14 14 Media Sa 31/3% servers. If the Fore 900 is for the organization of line 1, line 14 15 First five years. If the Fore 900 is for the organization of line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts and circumstances test. The organization qualifies as a publicly sup	Cale	ndar year (or tiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
include any "unusual grants.") 2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	1	Gifts, grants, contributions, and					1 ''	1,7			
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge and the paid to the organization without charge and the paid to the organization without charge and the paid to the organization organization organization and the paid to the paid to the organization organization organization and the paid to the p		membership fees received. (Do not									
tzation's benefit and either paid to or expended on its behalf 3. The value of services or rediffies furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3. 5. The portion of total contributions by sech person (other than a governmental unit or publicly supported organization in line 1 that exceeds 2% of the amount shown on line 11, column (f) 5. Public augoport. Setmet line 3 Pro- line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 6. Public augoport. Setmet line 3 Pro- line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7. Amounts from line 4 8. Gross income from inferest, dividends, payments received on securities loans, rents, royalties, and income from infilar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets ((Explain in Part VI.) 11. Total support. Add lines 7 through 10 22. Gross receipts from related activities, etc. (see instructions) 13. First five years. If the Form 990 is for the organization's first, second, third, tourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 9. Section 0. Computation of Public Support Percentage 14. Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15. Public support percentage from 2017 Scheduck A, Part II, line 14 16. 95. 17. 10%-facts-and-circumstances test - 2018. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 16. 17. 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, 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 organization meets the "facts-and-circ		include any "unusual grants.")									
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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.)

Section A	A. Public Support	siow, piease comp	piete r art II.)				
Calendar yea	r (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, g	grants, contributions, and					1.7	(1) 1 5 4 4 1
membe	ership fees received. (Do not						
include	any "unusual grants.")						
2 Gross	receipts from admissions.						
	andise sold or services per-						
	, or facilities furnished in						
	tivity that is related to the zation's tax-exempt purpose						
_	receipts from activities that						
	an unrelated trade or bus-						
	nder section 513						
					-		
	renues levied for the organ-						
	s benefit and either paid to						
	ended on its behalf						
	ue of services or facilities						
	ed by a governmental unit to						
the org	anization without charge						
6 Total.	Add lines 1 through 5						
7a Amoun	ts included on lines 1, 2, and						
3 receiv	ved from disqualified persons						
	included on lines 2 and 3 received						
	r than disqualified persons that e greater of \$5,000 or 1% of the						
amount of	n line 13 for the year						
	es 7a and 7b						
	support. Subtract line 7c from line 6.					S TEE I	
Section B	. Total Support						
alendar yea	r (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amoun	ts from line 6					127-11	Ary , o tou
10a Gross i	ncome from interest,						
	ds, payments received on						
securiti	es loans, rents, royalties, ome from similar sources						
	d business taxable income					+	
	ction 511 taxes) from businesses						
•	-4 1 00 4075						
-			-			+	
	es 10a and 10b ome from unrelated business					-	
	s not included in line 10b.						
whethe	r or not the business is						
regulari	y carried on						
	ncome. Do not include gain from the sale of capital						
	Explain in Part VI.)						
	pport. (Add lines 9, 10c, 11, and 12.)						
	re years. If the Form 990 is for						tion,
check t	his box and stop here						
	. Computation of Public						
15 Public s	support percentage for 2018 (lin	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	%
	support percentage from 2017					16	%
	. Computation of Invest						
	ent income percentage for 20					17	%
	ent income percentage from 2					18	%
	support tests - 2018. If the					3 1/3%, and line 17	is not
more th	an 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	
	support tests - 2017. If the						id
	s not more than 33 1/3%, chec						
	foundation. If the organization					- ,	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	- 1	
1		
114		
2		
3a		
1		
3b		
3c		
4a		
		T
4b		
4c		
		П
113 13		
5a		
Ju		
5b		
5c		
	- 7	
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00		
9a		
9b		
9c		
10a		
		T,
10b		

Pa	rt IV Supporting Organizations (continued)		- ,	2300
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		N W	126
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			FL
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			111
	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	Political Control		
	the supported organization(s).	1		
Sec	tion 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	0,		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	tructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		4 = 1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		W.H	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	in all		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 74	1/2	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		H. H.	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 DREAM CHARTER SCHOOL			**-***1386 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions.
_	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount, Subtract line 5 from line 4 unless subject to			

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

emergency temporary reduction (see instructions)

instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		10001110000	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			Truesiki i Ewi
b	From 2014			
c	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DREAM CHARTER SCHOOL

Employer identification number **-***1386

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, i	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	***************************************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	he organization's accounting for
Dat	conservation easements. t III Organizations Maintaining Collections of	Aut Historical Transvers Ot	h0''IA
Га	Complete if the organization answered "Yes" on Form		ner Similar Assets.
4-			
та	If the organization elected, as permitted under SFAS 116 (AS)		
	historical treasures, or other similar assets held for public exh		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		N 4
	(i) Revenue included on Form 990, Part VIII, line 1		142.4
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under SFAS 11	, ,	N . 0
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

-	edule D (Form 990) 2018 DREAM C	HARTER SCH	ООГ			**_**	*1386	Page 2
Pa	rt III Organizations Maintaining C	collections of A	t, Historical Ti	reasures, or O	ther Sim	ilar Asset	S (continu	ed)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that are	a significa	nt use of its	collection it	ems
	(check all that apply):			Ü	9			
а	Public exhibition		d Loan or ex	change programs				
b	Scholarly research		e Other	torialige programe				
c	Preservation for future generations	`						
4	Provide a description of the organization's co	ollootions and ovnisi	n have that further	the ergonization's			VIII	
5	During the year, did the organization solicit of						XIII.	
	to be sold to raise funds rather than to be m						٦	
Pa	rt IV Escrow and Custodial Arran	demonts Comm	rie organization s t	Soliection?			Yes	No.
1 4	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	yennemes. Compi rt Y line 21	ete if the organizat	ion answered "Yes	s" on Form s	990, Part IV,	line 9, or	
4.								
та	Is the organization an agent, trustee, custod						_	
_	on Form 990, Part X?					<u>L</u>	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
					_		Amount	
С	Beginning balance		•••••		10	С		
d	Additions during the year		•••••		10	d		
e	Distributions during the year					е		
f	Ending balance			· · · · · · · · · · · · · · · · · · ·	1	f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial account	liability?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	n provided on Part	XIII	*********		
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered "Yes" on F	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d) Thre	ee years back	(e) Four ve	ears back
1a	Beginning of year balance			1 11 11 11 11 11			1-1	
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
-	Other expenditures for facilities							
	and programs							
-	Administrative expenses				_			
' ~	End of year balance			+				
y		ant was and balance	. (line 1 m. celumen (all bald as				
2	Provide the estimated percentage of the curr	•		a)) neid as:				
a .	Board designated or quasi-endowment	7	_%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and 2c shot							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered f	or the orgar	nization	_	
	by:						Ye	es No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza					****************	3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	rt X, line 10.			
	Description of property	(a) Cost or o	. ``	st or other (s (other)	c) Accumul		(d) Book va	alue
1a	Land		, , ,	,/	p. colati			
b	Buildings							
	Leasehold improvements							
d	Equipment		5'	74,647.	552,	123	22	524.
	Other				332,	-45.		J44.
	Add lines 1a through 1e. (Column (d) must en		V column (D) II	1001			22	524.
·	r tac into the entrage to to to to the must be	Juai Fulli 990, Fart	a. Column (b), line	100.1	*******			J44.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 DREAM CHART	TER SCHOOL		**	-***1386	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				-11-1-1-1-1	
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"		e 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				The Manage	
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.		
(a)	Description			(b) Book va	lue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	e 15.)		>		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) DUE TO INSTITUTIONAL PART	NER	381,975.			
(3) DEFERRED RENT		582,750.			
(4.4)					

(4) (5) (6) (7) (8) 964,725. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

DREAM CHARTER SCHOOL

Employer identification number **-***1386

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	THE SCHOOL HAS A NONDISCRIMINATORY POLICY THAT IS PUBLICIZED			
	IN RECRUITMENT LITERATURE, FLYERS IN PUBLIC PLACES, AS WELL		200	
	AS PRINT AND ELECTRONIC MEDIA. A COPY OF THE POLICY IS MADE	118	7.4	
	AVAILABLE UPON REQUEST.	1 - X		
			74	
4	Does the organization maintain the following?		1	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:			
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		X
5 a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		Х
5 a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		X
5 a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		X X X
5 a b c d e	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		X X X
5 a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e		X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		X X X X X
5 a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		X X X X X
5 a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X
5 a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	x	X X X X X X
5 a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X
5 a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	X X X X X X

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

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990-EZ) 2018 DREAM CHARTER SCHOOL	**-***1386 P	age 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and	7, as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE SCHOOL RECEIVES TUITION FROM THE NEW YORK CITY DEPARTM	ente ote	
	MI OF	
EDUCATION.		
		_
		_

SCHEDULE J (Form 990)

Department of the Treasury internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number **-***1386 DREAM CHARTER SCHOOL Part I **Questions Regarding Compensation** Yes No

			100	110
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		I F	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			100
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				180
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.			101
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		- 3	
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		1-1	
	establish compensation of the CEO/Executive Director, but explain in Part III.			
			3	1
	Independent compensation consultant X Compensation survey or study	1.03		
	Form 990 of other organizations X Approval by the board or compensation committee	200		
		12.1		119
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			1 3%
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			R. F.
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		1	
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Y
	contingent on the net earnings of:			-
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	4.3		
	not described on lines 5 and 6? If "Yes," describe in Part III	7	х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	0		

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

Schedule J (Form 990) 2018

-1386

Schedule J (Form 990) 2018

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(B)(l)-(D)	in column (B) reported as deferred on prior Form 990
(1) EVE COLAVITO	0	235,236.	52,710.	240.	8,290.	29,198.	325.674.	0
CHIEF OF SCHOOLS	(1)		0	0	0	-1	0	0
(2) EMILY PARKEY	Ξ	123,643.	0.	0	5,203.	30,942.	159,788.	0
DIR. OF FAMILY, COM. & GOV	0		0.	0	0	0	4	0
(3) KARA BROCKETT	(3)	137,	0	0	0	31,136.	168.359.	0
ELEMENTARY SCHOOL PRINCIPA	€		0	0	0	\	0	0
(4) MAJORIE CASS	Ξ	145,846.	0.	0	0	25,445.	171,291.	0
MIDDLE SCHOOL PRINCIPAL	(ii)		0	0	0		N .	0
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	€							
	(3)							
	(ii)							
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Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

										Schedule J (Form 990) 2018
ART I, LINE /:	WE NEED A NOTE ON WHO APPROVES THE BONUS.									

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DREAM CHARTER SCHOOL

Employer identification number **-***1386

Schedule O (Form 990 or 990-EZ) (2018)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACADEMIC PROGRAM THAT DEVELOPS CRITICAL THINKERS WHO DEMONSTRATE A LOVE
OF LEARNING, STRONG CHARACTER, & A COMMITMENT TO WELLNESS & ACTIVE
CITIZENSHIP.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE ORGANIZATION ADDED TWO PROGRAMS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
KIDS," WHICH EMPHASIZES LITERACY.
MIDDLE SCHOOL:
OUR MIDDLE SCHOOL SERVES SCHOLARS IN GRADES 6-8. USING A WHOLE CHILD
APPROACH AND CONSTRUCTIVIST CURRICULUM, OUR MIDDLE SCHOOL PREPARES
STUDENTS FOR HIGH PERFORMING HIGH SCHOOLS. SCHOLARS STUDY THE
FUNDAMENTALS OF MATH, SCIENCE, SOCIAL STUDIES, ENGLISH LANGUAGE ARTS,
AND PHYSICAL EDUCATION. SCHOLARS ALSO PARTICIPATE IN TWO ELECTIVES: ART
AND MUSIC. OUR MIDDLE SCHOOL OFFERS A VARIETY OF ACADEMIC AND
EXTRACURRICULAR OPPORTUNITIES. MIDDLE SCHOOL SCHOLARS ARE ABLE TO
PARTICIPATE IN DREAMBUILDERS, AN OPTIONAL AFTER-SCHOOL ENRICHMENT
PROGRAM WHICH INVOLVES ACADEMIC SUPPORT, TEAMBUILDING ACTIVITIES,
SERVICE-LEARNING PROJECTS, AND HEALTH AND WELLNESS ACTIVITIES. DREAM
OPERATES ON AN EXTENDED DAY MODEL TO ENSURE STUDENTS HAVE ENOUGH
OPPORTUNITIES TO GROW. WE ALSO HAVE A LONGER YEAR, REQUIRING MIDDLE
SCHOOL STUDENTS TO ATTEND A HIGH-QUALITY SUMMER PROGRAM, SUCH AS
DREAM'S SUMMER PROGRAM. SO THAT KIDS CONTINUE TO SUCCEED THROUGHOUT THE

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

Name of the organization

DREAM CHARTER SCHOOL

Employer identification number **-**1386

YEAR AND AVOID SUMMER LEARNING LOSS.

HIGH SCHOOL:

DREAM CHARTER HIGH SCHOOL PREPARES STUDENTS TO GRADUATE COLLEGE-READY,
WITH STRONG SKILLS IN READING, WRITING, AND SPEAKING. WE CURRENTLY

SERVE 300 SCHOLARS IN NINTH, TENTH, AND ELEVENTH GRADE. WE WILL ADD ONE

GRADE EACH YEAR UNTIL 2021, WHEN WE WILL REACH CAPACITY TO SERVE

SCHOLARS IN GRADES 9-12. THE HIGH SCHOOL CURRICULUM PREPARES STUDENTS

FOR COLLEGE AND BEYOND BY DEVELOPING CRITICAL LITERACY SKILLS NEEDED

FOR THEIR SUCCESS AS PROFESSIONALS AND AS AGENTS OF SOCIAL CHANGE.

THROUGHOUT THEIR TIME AT DREAM, STUDENTS ASSEMBLE A PORTFOLIO OF

COLLEGE-LEVEL PERFORMANCE ASSESSMENTS. THIS PORTFOLIO IS REPRESENTATIVE

OF STUDENTS' ABILITY TO LEARN, APPLY, AND REFLECT ACROSS ALL

DISCIPLINES. IN ADDITION TO ACADEMICS, DREAM CHARTER HIGH SCHOOL

STUDENTS CAN PARTICIPATE IN AFTER-SCHOOL ACTIVITIES AND SPORTS SUCH AS

DEBATE CLUB, BASKETBALL, AND STUDENT GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 3:

DREAM CHARTER SCHOOL HAS AN INSTITUTIONAL PARTNERSHIP AGREEMENT WITH THE

HARLEM RBI, INC. AS PART OF THE AGREEMENT HARLEM RBI PROVIDES EXECUTIVE

MANAGEMENT AND BACK OFFICE SERVICES. THE CHAIRMAN OF DREAM CHARTER SCHOOL,

RICHARD BERLIN, IS THE EXECUTIVE DIRECTOR OF HARLEM RBI. EXPENSES UNDER

THIS AGREEMENT AMOUNTED TO \$3,070,455 DURING THE YEAR ENDED JUNE 30, 2019.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE KEPT FOR EXECUTIVE COMMITTEE MEETINGS. OTHER COMMITTEES REPORT TO THE BOARD AND MINUTES ARE KEPT FOR ALL BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT REVIEWED A DRAFT OF THE FORM 990 WITH THE AUDIT/FINANCE

COMMITTEE AND PROVIDED EDITS TO THE TAX PREPARER. AFTER THIS PROCESS WAS

PERFORMED, THE FORM 990 WAS SENT TO THE FULL BOARD OF DIRECTORS PRIOR TO

BEING FILED WITH THE IRS. THE COMPLETE, FINAL 990 WAS PROVIDED TO THE BOARD

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S BOARD HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT COVERS ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES. UNDER THIS POLICY, PRIOR TO INITIAL ELECTION, APPOINTMENT OR HIRING OF ANY DIRECTOR, OFFICER OR KEY EMPLOYEE, AND ANNUALLY THEREAFTER, THE SECRETARY SHALL DISTRIBUTE TO EACH SUCH PERSON A COPY OF THE POLICY TOGETHER WITH A WRITTEN DISCLOSURE STATEMENT. THE DISCLOSURE STATEMENT SHALL REQUIRE CONFIRMATION THAT SUCH PERSON HAS READ THE POLICY AND AGREES TO BE BOUND BY IT, AND IDENTIFY ANY POTENTIAL COVERED ARRANGEMENTS. EACH SUCH PERSON SHALL COMPLETE, SIGN AND SUBMIT SUCH DISCLOSURE STATEMENT PROMPTLY AND SHALL UPDATE HIS OR HER DISCLOSURE STATEMENT AS NECESSARY TO KEEP IT ACCURATE DURING THE COURSE OF THE FOLLOWING YEAR. THE CHAIR OF THE AUDIT COMMITTEE AND THE BOARD CHAIR WILL REVIEW ALL POTENTIAL COVERED ARRANGEMENTS FOR DETERMINATION OF WHETHER A CONFLICT EXISTS. THE AUDIT COMMITTEE (OR THE BOARD IN CERTAIN CIRCUMSTANCES), IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF SUCH TRANSACTIONS. PERSONS WITH A CONFLICT MUST REFRAIN FROM PARTICIPATING IN. BEING PHYSICALLY PRESENT DURING, OR ATTEMPTING TO INFLUENCE, THE CONSIDERATION OR DETERMINATION BY THE AUDIT COMMITTEE OR BOARD OF COVERED ARRANGEMENT.

Name of the organization DREAM CHARTER SCHOOL	Employer identification number **-**1386
THE EXECUTIVE COMMITTEE REVIEWED COMPARABLE SALARIES BASED	ON A RECOGNIZED
STUDY AND REVIEWED THE PERFORMANCE OF THE HEAD OF SCHOOL T	O DETERMINE IF
THE EXISTING SALARY FALLS WITHIN THESE RANGES. AFTER A DEL	IBERATION OF THIS
MATTER, A NEW PROPOSED SALARY AND BENEFIT PACKAGE WAS VOTE	D ON. THE MINUTES
OF THE BOARD OF DIRECTORS REFLECTED THE NATURE OF THIS PRO	CESS.
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST AND ARE MADE AV	AILABLE ON OUR
WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	-