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F6rm 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A I	For the 2	2013 calenda	ar year, or tax year beginning January 1 , 2013, and endi	ng Dec	cember	31 , 20 13
В	Check if app	plicable	C Name of organization	D Emp	loyer id	entification number
abla	Address ch	hange	Big Dreams Childrens Foundation Inc.		2	7-3937659
	Name chan	nge	Number and street (or P O box, if mail is not delivered to street address)  Room/su	rte E Tele	phone n	umber
_	Initial return		25 Old Kings Highway North, Suite 13 #115	; <b> </b>	20	036657417
₩.	Terminated Amended r		City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption
_	Application		Darien, CT, 06820	Nut	nber 🕨	<b>&gt;</b>
		ing Method:	Cash	H Check	<b>▶</b> □ i	f the organization is not
	Website:	•	bigdreamscf.org	require	d to atta	ach Schedule B
JI	ax-exem	npt status (che	eck only one) — 🗸 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	(Form 9	990, 990	D-EZ, or 990-PF).
K	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			
L	Add lines	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	f total assets	3	
(Pa	ırt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	34,791
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see		ctions	for Part I)
		Check if	the organization used Schedule O to respond to any question in this P	artI	<u> </u>	🗸
	1	Contribution	ons, gifts, grants, and similar amounts received		1	5,070
	2	Program s	ervice revenue including government fees and contracts		2	0
	3	Membersh	ip dues and assessments		3	0
	4	Investmen			4	0
	5a	Gross amo	ount from sale of assets other than inventory 5a		··	
	b		or other basis and sales expenses		비	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	-	nd fundraising events		1 1	
ne Le	а	Gross inc \$15,000)	ome from gaming (attach Schedule G if greater than · · · · · · · · · · · · · · · · · · ·	C		
Revenue	b		ome from fundraising events (not including \$ 0 of contributions of contributions) of contributions of the second o	utions		
4	'	sum of suc	ch gross income and contributions exceeds \$15,000)   6b	29,721	ıli	
	C	Less: direc	ct expenses from gaming and fundraising events 6c	8,463	<u> </u>	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and		1	
		line 6c)			6di	21,258
	7a	Gross sale	s of inventory, less returns and allowances	(	,	
	ь		of goods sold	(	5 I	
	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)	<b>□</b>	8	0
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	26,328
	10	Grants and	d similar amounts paid (list in Schedule O)	SS	10	25,218
	11	Benefits p	aid to or for members	္ဂို	11	0
S	12	Salaries, c	other compensation, and employee benefits ! .	없	12	0
		Profession	nal fees and other payments to independent contractors . y, rent, utilities, and maintenance	<b>≝</b> ¦	13	0
Expens	14	Occupano	y, rent, utilities, and maintenance	<u></u> ]	14	0
ŭ	15	Printing, p	ublications, postage, and shipping		15	59
	16		enses (describe in Schedule O)		16	2,466
	17	Total exp	enses. Add lines 10 through 16	<u> ▶</u>	17	27,743
U.	, 18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	(1,415)
a d	19		s or fund balances at beginning of year (from line 27, column (A)) (must			
Ā	₹	-	ar figure reported on prior year's return)		19	1,849
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20	
Z	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20	<u> ▶</u>	21	434

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2013)



- 1-12	till Balance Sheets (see the instructions f	or Part III				
. Fai	Check if the organization used Schedule		ny question in this	Part II		
	Check if the organization used Schedule	O to respond to ai	ly question in this	(A) Beginning of year	$\dot{\Box}$	(B) End of year
22	Cash, savings, and investments		-	1,849	22	
23	Land and buildings				23	<u>434</u> 0
24	Other assets (describe in Schedule O)				24	
25				1,849		
_	Total assets				26	434
26	Net assets or fund balances (line 27 of column	(D) much parce with	lino (11)	1,849		
27 Part					21	434
r all	Check if the organization used Schedule					Expenses
\ A /l= _ 4	<del></del>	To assist children we		<u> </u>		quired for section (c)(3) and 501(c)(4)
	• • • • • • •			· · · · · · · · · · · · · · · · · · ·		anizations and section
Desc	nbe the organization's program service accomplis	shments for each of	f its three largest p	orogram services,	494	7(a)(1) trusts, optional
as m	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provide	u, the number of	for c	others)
			K Dom and Kida Faa	tivel They will be	-	<del></del>
	Fisher Island Day School received funds raised durin	ig the Fisher Island 5	K Kun and Kids res	uvai. They will be		
	used to expand the school.				İ	
	(O	includes foreign are	ento chock boro		28a	22.444
~~	(Grants \$ 22,411) If this amount			<u> </u>	200	22,411
29	To Russia With Love has received the funds to assist	r nandicapped orphai	ns in Russia			
					200	
	(Grants \$ 2,700) If this amount				29a	2,700
30	The sum was disbursed to BDCF's Goodwill Embass			used to buy fruit		
	and diapers for children with developmental handica	ps at Odessa's orpha	nage for girls.			
					20-	
	(Grants \$ 107) If this amount			▶ ✓	30a	107
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key				32	
Par	<b>(4)</b> List of Unicers, Directors, Trustees, and Key	/ Emblovees ilist each				CHORS for Part IV)
					nstru	ń
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		<u> Ó</u>
	Check if the organization used Schedule	O to respond to a	(c) Reportable compensation	(d) Health benefits, contributions to employ	 ee (e)	Estimated amount of
		O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	· · ·	🗆
	Check if the organization used Schedule	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employ benefit plans, and	· · ·	Estimated amount of
	Check if the organization used Schedule  (a) Name and title	O to respond to at  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	· · ·	Estimated amount of
Lena	Check if the organization used Schedule	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and	· · ·	Estimated amount of
	Check if the organization used Schedule  (a) Name and title  McMahan, CEO	O to respond to at  (b) Average hours per week devoted to position	ny question in this (e) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	· · ·	Estimated amount of other compensation
	Check if the organization used Schedule  (a) Name and title	O to respond to at  (b) Average hours per week devoted to position	ny question in this (e) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	· · ·	Estimated amount of
Ksen	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  ia Gonchar, President	O to respond to at  (b) Average hours per week devoted to position  25	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of other compensation
Ksen	Check if the organization used Schedule  (a) Name and title  McMahan, CEO	O to respond to at  (b) Average hours per week devoted to position	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	· · ·	Estimated amount of other compensation
Ksen	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director	O to respond to at  (b) Average hours per week devoted to position  25  20	ny question in this  (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of other compensation  0
Ksen	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  ia Gonchar, President	O to respond to at  (b) Average hours per week devoted to position  25	ny question in this  (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of other compensation
Ksen Tatia Ganr	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  by Golovatova, Treasurer/Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7	ny question in this  (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation  0  0  0
Ksen Tatia Ganr	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director	O to respond to at  (b) Average hours per week devoted to position  25  20	ny question in this  (c) Reportable compensation (Forms W-2/1099-MIS( (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensatio	0 0	Estimated amount of other compensation  0
Ksen Tatia Ganr	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  by Golovatova, Treasurer/Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  by Golovatova, Treasurer/Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0	Estimated amount of other compensation  0  0 0
Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  by Golovatova, Treasurer/Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O  O
Ksen Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  by Golovatova, Treasurer/Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Estimated amount of other compensation  0  0  0
Ksen Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  ny Golovatova, Treasurer/Director  ela Pogosian, Director  Kasman, Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O  O
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Ksen Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  ny Golovatova, Treasurer/Director  ela Pogosian, Director  Kasman, Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  O  O  O  O  O
Ksen Tatia Gann Ange	Check if the organization used Schedule  (a) Name and title  McMahan, CEO  iia Gonchar, President  na Shakhray, Chairwoman/Director  ny Golovatova, Treasurer/Director  ela Pogosian, Director  Kasman, Director	O to respond to at  (b) Average hours per week devoted to position  25  20  7  5  5	ny question in this  (e) Reportable compensation (Forms W-2/1099-MISG (if not paid, enter -0-	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0	DEStimated amount of other compensation  0  0  0  0  0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this	rait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	. <del></del>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			١,
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		<b>✓</b>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:		1	
a	Initiation fees and capital contributions included on line 9	┨		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		ļ	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► CT			
42a	The organization's books are in care of ▶ Lena McMahan, CEO  Telephone no. ▶	20357	09003	3
	Located at ► 31 June Avenue, Norwalk CT ZIP + 4 ►	06850	-2536	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No /
	If "Yes," enter the name of the foreign country:	72.0		+ •
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
-	and enter the amount of tax-exempt interest received or accrued during the tax year		1	T
	many and the state of the state		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	₩	✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	101111000 == (000    0100    010110    01111    0	120	1	. ▼

FOITH 99	10-EZ (2L	, , , , , , , , , , , , , , , , , , ,									age 4
										Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities	on b	ehalf of or	in opposi	tion [			
	to car	ndidates for public office? If "Yes," co	omplete Schedule C	, Part I				.	46		✓
Part '		Section 501(c)(3) organizations									
		All section 501(c)(3) organizations	must answer que	stions 47-49b ar	nd 5	2, and cor	nplete th	e tabl	es f	or line	es
		50 and 51.	-								
		Check if the organization used Sch	edule O to respond	l to any question i	n thi	s Part VI					
										Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion	in effect d	uring the	tax [			
••		If "Yes," complete Schedule C, Part						- 1	47		,
40	-							·	47		<b>*</b>
48		organization a school as described in						_	48		<b>√</b>
49a		ne organization make any transfers to							49a		✓
b		s," was the related organization a sec							<u>49b</u>		
50		plete this table for the organization's									
	emplo	byees) who each received more than	\$100,000 of compe	nsation from the or	gani	zation. If th	ere is non	e, ente	er "N	lone."	
_			(b) Average	(c) Reportable		(d) Health I		4 > 5 - 4		4	
	(a)	Name and title of each employee	hours per week	compensation	- l <sub>2</sub> -	contributions t enefit plans, a				d amou pensat	
			devoted to position	(Forms W-2/1099-MIS	) (D	compens		•		,	
					$\neg \uparrow$						
nore											
<u>none</u>		<del></del>			$\dashv$						
					$\dashv$						_
	<del>-</del> -										
	<del>-</del>			İ	- 1						
					_						
f	Total	number of other employees paid over	r \$100,000	. • no	ne						
51	Comp	plete this table for the organization's	s five highest compo	ensated independe	ent c	ontractors	who each	n recei	ved	more	than
	\$100,	000 of compensation from the organ	nization. If there is no	one, enter "None."							
	(0)	Name and business address of each independent	ent contractor	(b) Type of s	servic	<u> </u>	In	Compe	nsatu		
	(4)			(5) 1 7 5 5 1 .		•		,			
none											
				1		1					
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				4		}					
			<del></del>								
				4							
				<u> </u>							
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶	•	n	one			
52	Did th	ne organization complete Schedule A	? Note. All section 5	601(c)(3) organizatio	ons a	and 4947(a)	(1)				
	none	xempt charitable trusts must attach a	completed Schedu	le A		<u></u>	<u> </u>	▶ 🗸	Yes	P	Vo
Under n	enalties	of perjury, I declare that I have examined this re	eturn, including accompan	lying schedules and stat	emen	ts, and to the	pest of my ki	nowleda	e and	belief.	rt is
true, co	rrect, an	d complete Declaration of preparer (other than	officer) is based on all info	ormation of which prepar	rer ha	s any knowled	ge.	5		,	-
		1 1					5/22/	14			
Sign		Signature of officer				Date	1 - 1	• •			
Here											
		Lená McMahan, CEO Type or print name and title									
		<del></del>	Droparar's overeture		Date				ΠN		
<b>Paid</b>		Print/Type preparer's name	Preparer's signature		Date		Check	}	1137		
Prep	arer		<u></u>				self-emplo	yed			
Use	_	Firm's name ▶				Firm	s EIN ▶				
		Firm's address ▶				Phor	e no.				
Mayth	na IBS	discuss this return with the preparer	shown above? See	instructions				ightharpoons	Vac		Vn.

### SCHEDULE A (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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization						•	Employer id	lentification	number		
Big D	reams Childrens Fo									<u>37659</u>		
Par			rity Status (All orga						nstructio	ns.		
The c	-	•	tion because it is: (Fo		_		-					
1			nes, or association of			ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).			
2			170(b)(1)(A)(ii). (Attac									
3			spital service organiza									
4		-	on operated in conjunc	ction with	a hospit	al descri	oed in se	ction 170	)(b)(1)(A)	(III). Ente	r the	
5	An organizatio		the benefit of a collec	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit d	escrit	ed in
	•	)(1)(A)(iv). (Com	•									
6 7	An organizatio	n that normally	nment or governmenta receives a substantia <b>(A)(vi).</b> (Complete Par	l part of					nt or fron	n the ger	neral p	oublic
8	☐ A community t	rust described i	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	ert II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	certain ex xable inc	ceptions come (les	s, and (2) ss section	no more	than 33	31/3%	of its
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(	4).			
11	An organization	on organized an ne or more pub	nd operated exclusive dicly supported organ describes the type of	ely for th nizations	ie benefit described	t of, to p	perform to ion 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
	a ☐ Type I	b 🗌 Type	II c Type III	I–Functio	nally inte	arated	d □	Type III–N	lon-funct	ionally in	tearat	ted
е	☑ By checking the state of	nis box, I certify ndation manage	that the organizationers and other than one	is not co	ntrolled d	lirectly or	indirectl	y by one	or more	dısqualifı	ed pe	rsons
			a written determination	on from	tha IDS 1	that it is	a Type	I Type I	l or Two	o III eur	norti	20
f		check this box	willen delemmali		uie ins i	mat it is	a Type	i, type i	ii, Or iye	ic iii sur	porti	'9 —
g		17, 2006, has t	he organization accep		gift or co	ontributio	on from a	iny of the			•	. ப
			ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
			ody of the supported							11g(i)	†	1
	* *	•	on described in (i) abo	•						11g(ii	+	1
		•	a person described in							11g(iii	<del></del>	1
h			on about the support							1	<u> </u>	
	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(Iv) is the o	organization sted in your document?	(v) Did y the orgai col (i)	rou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S?	( <b>vii)</b> Amoul	nt of mo	onetary
				Yes	No	Yes	No	Yes	No			
(A)									_			
(B)	<del> </del>											
(C)	- <del></del>			<u> </u>	<del> </del> -		<del>                                     </del>	<del> </del>				<del></del>
	·											
(D)						-			<del> </del>			
(E) 							ļ	ļ		<u> </u>		
Tota	1											

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not		1		ľ	ľ	
	include any "unusual grants.")	ı	5 045	100 001	20 EF2	24 704	054 000
2	Tax revenues levied for the		5,915	190,621	20,553	34,791	251,880
~	organization's benefit and either paid						
	to or expended on its behalf		ا		ام	٥	•
3	The value of services or facilities		0	0	0	0	0
3	furnished by a governmental unit to the						
	organization without charge		اه	o	o	o	0
4	Total. Add lines 1 through 3		5,915	190,621	20,553	34,791	251,880
	-		3,313	130,021	20,333	34,731	231,000
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly		}	1			
	supported organization) included on			i			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						150,128
6	Public support. Subtract line 5 from line 4.						101,752
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		5,915	190,621	20,553	34,791	251,880
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	<u></u>	0	0	113	0	113
9	Net income from unrelated business						
	activities, whether or not the business		]				
	is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)		0	0	0	0	0
11	Total support. Add lines 7 through 10	(nnn					251,993
12 13	Gross receipts from related activities, etc. <b>First five years.</b> If the Form 990 is for the					12	0 501(0)(3)
13	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor			<del></del>	<del></del> .	<del></del>	· · · · ·
14	Public support percentage for 2013 (line 6			1 column (f))		14	%
15	Public support percentage from 2012 Sch		•			15	<del>%</del>
16a	331/3% support test—2013. If the organization						
	box and stop here. The organization qua						. ▶ □
b	331/3% support test-2012. If the organ	nization did no	ot check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test - 20	<b>013.</b> If the orga	anization did no	t check a box	on line 13, 16a	a, or 16b, and	ine 14 is
_	10% or more, and if the organization me						
	Part IV how the organization meets the "f	acts-and-circ	umstances" tes	t. The organiza	ation qualifies a	as a publicly su	pported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20	012. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organizat	tion meets the	e "facts-and-ci	rcumstances"	test, check th	is box and st	op here.
	Explain in Part IV how the organization m						
	supported organization						_
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	this box and	see

Part III	Support Schedule	for Organizations Described in Section 509(a	a)(2)

	· · · ·
(Complete only if you checked the box on line 9 of Part I or if the	organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, ple	ease complete Part II.)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose  3 Gross receipts from activities that are not an	2013 (f) Total
received. (Do not include any "unusual grants.")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
furnished in any activity that is related to the organization's tax-exempt purpose	
3 Gross receipts from activities that are not an	
unrelated trade or business under section 513	
4 Tax revenues levied for the organization's benefit and either paid	
to or expended on its behalf	
5 The value of services or facilities	
furnished by a governmental unit to the	
organization without charge	
6 Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and 3	
received from disqualified persons .	
b Amounts included on lines 2 and 3	
received from other than disqualified	
persons that exceed the greater of \$5,000	
or 1% of the amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support (Subtract line 7c from	
Section B. Total Support	
	2013 (f) Total
9 Amounts from line 6	(,, rotal
10a Gross income from interest, dividends,	
payments received on securities loans, rents,	
royalties and income from similar sources .	
b Unrelated business taxable income (less	
section 511 taxes) from businesses	
acquired after June 30, 1975	
c Add lines 10a and 10b	
11 Net income from unrelated business	
activities not included in line 10b, whether	
or not the business is regularly carried on	
12 Other income. Do not include gain or loss from the sale of capital assets	
(Explain in Part IV.)	
13 Total support. (Add lines 9, 10c, 11,	
and 12.)	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as	a section 501(c)(3)
organization, check this box and stop here	🕨 🗸
Section C. Computation of Public Support Percentage	T 04
Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	
16 Public support percentage from 2012 Schedule A, Part III, line 15	70
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	<del>                                     </del>
19a 331/s% support tests—2013. If the organization did not check the box on line 14, and line 15 is more the	
17 is not more than 331/2%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported or	
b 331/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	_
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly support	ted organization 🕨 🗌
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and s	ee instructions 🕨 🔲

	om 990 or 990-LZ/ 2013
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
·	

### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

Name o	f the organization					Employer identific	ation number
Big Di	eams Childrens Foundation Inc.						-393659
Par	Fundraising Activities	. Complete if the	ne organiza	ation ansv	vered "Yes" to Fo	orm 990, Part IV, I	ine 17.
ı aı	Form 990-EZ filers are						
1	Indicate whether the organizati	on raised funds	through any	of the follo	owing activities. Ch	neck all that apply.	
а	Mail solicitations		e [	Solicitati	on of non-governr	nent grants	
b	✓ Internet and email solicitation	ons	f [	Solicitati	on of government	grants	
С	Phone solicitations		g 🗹	Special 1	fundraising events		
d	✓ In-person solicitations			·	-		
2a	Did the organization have a wr	ntten or oral agre	ement with	any individ	dual (including offi	cers, directors, trus	tees
	or key employees listed in Forr	n 990, Part VII) o	r entity in c	onnection v	with professional fo	undraising services?	Yes 🗸 No
b	If "Yes," list the ten highest pa	id ındıviduals or	entities (fun	draisers) p	ursuant to agreem	ents under which th	e fundraiser is to be
	compensated at least \$5,000 b	y the organization	on.				
			fiii) Drd fun	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
	or only (remanded)		Contra	outions?		col. (i)	organization
			Yes	No			
1					]		
2							
				ļ			
3					ļ		
4							
5							
				1			
6							
				+	<del>                                     </del>		
7							
		<del> </del>		+			
Ü							
9			<del>                                     </del>	·	<del>                                     </del>		
·							
10							
				•			
Total				▶			
3	List all states in which the org	anization is regi	stered or lic	ensed to s	solicit contributions	or has been notifi	ed it is exempt from
	registration or licensing.						
СТ							
							*******************
		·					

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FI 5K		A-bd armbad	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	29,721			29,721
ac	2 3	Less: Contributions Gross income (line 1 minus	10,000			10,000
_		line 2)	19,721			19,721
	4	Cash prizes	0			0
	5	Noncash prizes	402			402
enses	6	Rent/facility costs	649			649
Direct Expenses	7	Food and beverages	0			0
Direc	8	Entertainment	1,915			1,915
	9	Other direct expenses .	5,497			5,497
	10	Direct expense summary. Ac	ld lines 4 through 9 in ca act line 10 from line 3, c	olumn (d) olumn (d)	<b>&gt;</b>	8,463 11,258
	11	Met income summary. Subtra				
Pa	11 rt III	Gaming. Complete if the	e organization answer		), Part IV, line 19, or r	eported more
Pa			e organization answer	red "Yes" to Form 990	), Part IV, line 19, or r	
		Gaming. Complete if the	e organization answer		), Part IV, line 19, or r	eported more  (d) Total gaming (add col (a) through col. (c))
Revenue a		Gaming. Complete if the	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
	1 2 3	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
Revenue	1 2 3 4	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes	e organization answer 90-EZ, line 6a.	red "Yes" to Form 990		(d) Total gaming (add
Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	(d) Total gaming (add
Revenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  dd lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue  Cash prizes  Noncash prizes  Other direct expenses  Volunteer labor  Direct expense summary. Ac	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  dd lines 2 through 5 in c	red "Yes" to Form 990  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  olumn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8 a Is	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  Id lines 2 through 5 in composition operates gain perate gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No  olumn (d)	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 a Is	Gaming. Complete if the than \$15,000 on Form 9  Gross revenue	e organization answer 90-EZ, line 6a.  (a) Bingo  Yes%  No  Id lines 2 through 5 in composition operates gain perate gaming activities	yes % No  lumn (d)  ine 1, column (d)  ming activities:  in each of these states	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col. (e))

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	lle G (Form 990 or 990-EZ) 2013
11 12	Does the organization operate gaming activities with nonmembers?
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility
	records: Name ▶
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

#### SCHEDULÈ 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.

2013

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Big Dreams Childrens Foundation Inc.	27-3937659			
From 990ez:				
Part I:				
Line 16 - Other Expenses: \$2,466				
Fax & Phone: \$243				
Other Overhead & Administrative: \$333				
Bank Fees incl. Wiring Fees and Credit Card Terminal Rental and Fees: \$1,890				
	·			
	·			

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
	••••••
	· <del></del>
	······