For the 2016 calendar year, or tax year beginning Oct 1, 2016, and ending Sep 30, 2017

<table>
<thead>
<tr>
<th>B</th>
<th>Check if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>For the 2016 calendar year, or tax year beginning Oct 1, 2016, and ending Sep 30, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Name of organization: DREAMING OUT LOUD INC</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Employer identification number: 26-1286043</td>
</tr>
<tr>
<td>E</td>
<td>Telephone number: (301) 768-5164</td>
</tr>
<tr>
<td>F</td>
<td>Name and address of principal officer: CHRISTOPHER BRADSHAW 419 7TH ST NW WASHINGTON DC 20004</td>
</tr>
<tr>
<td>G</td>
<td>Gross receipts: $ 240,398</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I</th>
<th>Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>Website: N/A</td>
</tr>
</tbody>
</table>

### Part I Summary

1. **Briefly describe the organization's mission or most significant activities:** Dreaming Out Loud's mission is to create economic opportunities for the DC metro region's marginalized community members through building a healthy, equitable food system.

2. **Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.** No

3. **Number of voting members of the governing body (Part VI, line 1a):** 3

4. **Number of independent voting members of the governing body (Part VI, line 1b):** 4

5. **Total number of individuals employed in calendar year 2016 (Part V, line 2a):** 6

6. **Net unrelated business taxable income from Form 990-T, line 34:**

7. **Total revenue:**

8. **Total contributions and grants (Part VIII, line 1h):**

9. **Program service revenue (Part VIII, line 2g):**

10. **Investment income (Part VIII, column (A), lines 3, 4, and 7d):**

11. **Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):**

12. **Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12):**

13. **Grants and similar amounts paid (Part IX, column (A), lines 1-3):**

14. **Benefits paid to or for members (Part IX, column (A), line 4):**

15. **Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):**

16. **Professional fundraising fees (Part IX, column (A), line 11e):**

17. **Total fundraising expenses (Part IX, column (D), line 25):**

18. **Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25):**

19. **Revenue less expenses. Subtract line 18 from line 12:**

### Part II Signature Block

**Sign Here**

**Signature of officer**

**Executive Director**

**Date** 04/17/17

**Print/Type preparer's name**

Jamela Des Vignes

**Preparer's signature**

**Date**

**Check if self-employed**

self-employed

**PTIN**

P01428831

**Firm's name**

ACCURATE CPA SERVICES

**Firm's EIN**

45-4170268

**Firm's address**

9701 Apollo Dr Suite 301 Largo MD 20774

**Phone no.**

(301) 684-5166

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**BAA**

For Paperwork Reduction Act Notice, see the separate instructions.
Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:

Dreaming Out Loud’s mission is to create economic opportunities for the DC metro region’s marginalized community members through building a healthy, equitable food system.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No

If ‘Yes,’ describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No

If ‘Yes,’ describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $59,374. including grants of $74,870.) (Revenue $5,870.)

Our Community Markets are the foundation of our work to build a healthier food system in marginalized neighborhoods of DC, specifically Wards 6, 7, and 8. Since we started our markets 5 years ago, DOL has connected more than 40,000 customers to local, seasonal, affordable vegetables, fruits, and other food products. With the help of our partners, we offer nutrition and environmental education, highlight community musicians, and promote fitness and active living.

4b (Code: ) (Expenses $41,959. including grants of $26,091.) (Revenue $0.)

DOL’s urban agriculture programs offer community members hands-on experience with growing food in an urban environment. More than 400 individuals have volunteered at or participated in group visits to our urban garden at the Southwest Arts Club (formerly known as Blind Whino) in Southwest DC. In FY2017, DOL will be the second organization to make use of the city’s Urban Agriculture and Food Security Act with our new Farm at Kelly Miller Middle School.

4c (Code: ) (Expenses $20,979. including grants of $0.) (Revenue $0.)

In alignment with our programs, policy advocacy runs through every aspect of our work: DOL is part of the DC Farmers Market Collaborative! That successfully advocated for the DC Council to increase its funding for Produce Plus, a program that provides $10 in market vouchers for participants in SNAP, TANF, SSI Disability, Medicaid, and Qualified Medicare Beneficiaries.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▶ 122,312.
### Part IV - Checklist of Required Schedules

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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 as applicable.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b. Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12c. Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12e. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12g. Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13a. Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14a. Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14b. Did the organization maintain an office, employees, or agents outside of the United States?.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

Yes No

20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
### Part V  
**Statements Regarding Other IRS Filings and Tax Compliance**  

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.</td>
<td></td>
<td>3b</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
<td>4a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
<td></td>
<td>5a</td>
<td>X</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>5b</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>5c</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td>5d</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td></td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td>6b</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
<td>7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td>7c</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>7e</td>
<td>X</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td>7f</td>
<td>X</td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td>7g</td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td>7h</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>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?</td>
<td></td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>9a</td>
<td>Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td>9a</td>
<td>X</td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>9b</td>
<td>X</td>
</tr>
<tr>
<td>10a</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td></td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td></td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders.</td>
<td></td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td>12a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td>13a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>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</td>
<td></td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Enter the amount of reserves on hand</td>
<td></td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year. 
   If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 
   1a 6

b Enter the number of voting members included in line 1a, above, who are independent. 
   1b 6

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 
   2  
   X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 
   3  
   X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 
   4  
   X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 
   5  
   X

6 Did the organization have members or stockholders? 
   6  
   X

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 
   7a  
   X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 
   7b  
   X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? 
      8a  
      X
   b Each committee with authority to act on behalf of the governing body? 
      8b  
      X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 
   9  
   X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10 a Did the organization have local chapters, branches, or affiliates? 
   10a  
   X

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 
   10b  
   X

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 
   11a  
   X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 
   11b  
   X

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 
   12a  
   X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 
   12b  
   X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 
   a The organization's CEO, Executive Director, or top management official 
      15a  
      X
   b Other officers or key employees of the organization 
      15b  
      X

If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 
   16a  
   X

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 
   16b  
   X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. 

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 
   [ ] Own website 
   [ ] Another's website 
   [ ] Upon request 
   [ ] Other (explain in Schedule O) 

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 

20 State the name, address, and telephone number of the person who possesses the organization's books and records. 
   Christopher Bradshaw  419 7th St NW  Washington DC 20004  (301) 768-5164 

BAA

TEEA0106  11/16/16
### 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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Christopher Bradshaw</td>
<td>40.00</td>
<td>X</td>
<td>30,228.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) Nicole Miles</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Wil Parker</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Lindsay Smith</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Emerald Stewart</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Susan Sutler</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) JoVita Wells</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
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<td>(9)</td>
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<td>(10)</td>
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<td>(11)</td>
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<td>(12)</td>
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<td>(13)</td>
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</tr>
<tr>
<td>(14)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Form 990 (2016) DREAMING OUT LOUD INC 26-1286043 Page 7
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(16)</td>
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<td>(17)</td>
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<td>(18)</td>
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<td>(19)</td>
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<tr>
<td>(20)</td>
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<tr>
<td>(21)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>(22)</td>
<td></td>
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<tr>
<td>(23)</td>
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<tr>
<td>(24)</td>
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</tr>
<tr>
<td>(25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: .......................................................... 30,228. 0. 0.

c Total from continuation sheets to Part VII, Section A .......................................................... 30,228. 0. 0.

d Total (add lines 1b and 1c) .......................................................... 30,228. 0. 0.

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization
### Part VIII: Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>59,374</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>175,154</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>234,528</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue and Other Similar Amounts</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td>5,870</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>5,870</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Investment income (including dividends, interest and other similar amounts)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Royalties</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Gross amount from sales of assets other than inventory               |     |     |     |     |
| (i) Securities                                                        |     |     |     |     |
| (ii) Other                                                            |     |     |     |     |
| Less: cost or other basis and sales expenses                         |     |     |     |     |
| Gain or (loss)                                                        |     |     |     |     |
| Net gain or (loss)                                                    |     |     |     |     |

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including § of contributions reported on line 1c). See Part IV, line 18</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities. See Part IV, line 19</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total. Add lines 11a-11d</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

| Total revenue. See instructions                                         | 240,398 | 5,870 | 0 | 0 |

BAA  

TEEA0109  11/16/16  

Form 990 (2016)
### Part IX | Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Community Markets</td>
<td>76,924</td>
<td>59,374</td>
<td>17,550</td>
<td>0</td>
</tr>
<tr>
<td>b Urban Agriculture</td>
<td>41,959</td>
<td>41,959</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>c Advocacy/Public Policy</td>
<td>20,979</td>
<td>20,979</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>139,862</td>
<td>122,312</td>
<td>17,550</td>
<td>0</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>139,862</td>
<td>122,312</td>
<td>17,550</td>
<td>0</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BAA

TEEA0110 11/16/16

Form 990 (2016)
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash — non-interest-bearing</td>
<td>1</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>4</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions). Complete Part II of Schedule L</td>
<td>6</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>9</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11 Investments — publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12 Investments — other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13 Investments — program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>0, 16</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>0, 26</td>
</tr>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>27</td>
</tr>
<tr>
<td>28 Unrestricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>29</td>
</tr>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>0, 33</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>0, 34</td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.
### Part XI  Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>240,398.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>139,862.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>100,536.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>100,536.</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If ‘Yes,’ check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If ‘Yes,’ check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If ‘Yes’ to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If ‘Yes,’ did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td></td>
</tr>
</tbody>
</table>
**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 990-EZ.

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

**Part I** 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.)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)).
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state: ____________________________
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ____________________________
10. [ ] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations: ____________________________

g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

Schedule A (Form 990 or 990-EZ) 2016
### 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.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**  
<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)</td>
<td>40,473</td>
<td>174,528</td>
<td>215,001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td>40,473</td>
<td>174,528</td>
<td>215,001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td>115,154</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td>99,847</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**  
<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>40,473</td>
<td>174,528</td>
<td>215,001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td>215,001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td>5,870</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2016</th>
<th>(b) 2015</th>
<th>(c) 2014</th>
<th>(d) 2013</th>
<th>(e) 2012</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))</td>
<td>46.44%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2015 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16a **33-1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization.

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

---

DREAMING OUT LOUD INC 26-1286043

BAA

Schedule A (Form 990 or 990-EZ) 2016

TEEA0402 09/28/16
### 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. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any ’unusual grants.’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is related to the organization’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not an unrelated trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization’s benefit and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>either paid to or expended on</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 <strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

7b 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

8 Public support. Add lines 7a and 7b

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 VI.)

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2015 Schedule A, Part III, line 15.

#### Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2015 Schedule A, Part III, line 17

19a 33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33-1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents?  
   - Yes  
   - No

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  
   - Yes  
   - No

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 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 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?  
   - Yes  
   - No

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?  
   - Yes  
   - No

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 (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.)
Part IV: Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
   b A family member of a person described in (a) above?
   c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities.

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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) 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).

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.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   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.
   b Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If ‘Yes,’ explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If ‘Yes,’ describe in Part VI the role played by the organization in this regard.
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A — Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Net short-term capital gain</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Other gross income (see instructions)</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Add lines 1 through 3.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Depreciation and depletion</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>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)</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Other expenses (see instructions)</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).</td>
</tr>
</tbody>
</table>

#### Section B — Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
</tr>
<tr>
<td><strong>1a</strong></td>
<td>Average monthly value of securities</td>
</tr>
<tr>
<td><strong>1b</strong></td>
<td>Average monthly cash balances</td>
</tr>
<tr>
<td><strong>1c</strong></td>
<td>Fair market value of other non-exempt-use assets</td>
</tr>
<tr>
<td><strong>1d</strong></td>
<td>Total (add lines 1a, 1b, and 1c)</td>
</tr>
<tr>
<td><strong>1e</strong></td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Subtract line 2 from line 1d.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Multiply line 5 by .035.</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
</tr>
</tbody>
</table>

#### Section C — Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section D — Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th>Section D — Distributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
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<tr>
<td></td>
<td>2</td>
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<td>3</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

#### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2016:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2013 . . . . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2014 . . . . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2015 . . . . . . . . . .</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2011 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 Distributions for 2016 from Section D, line 7: $
| a Applied to underdistributions of prior years |
| b Applied to 2016 distributable amount |

5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |

7 Excess distributions carryover to 2017. Add lines 3j and 4c. |

8 Breakdown of line 7: |
| a |
| b Excess from 2013 . . . . |
| c Excess from 2014 . . . . |
| d Excess from 2015 . . . . |
| e Excess from 2016 . . . . |
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
**Schedule B**
(Form 990, 990-EZ, or 990-PF)

**Department of the Treasury**
Internal Revenue Service

---

**Schedule of Contributors**

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

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

---

### Name of the organization

<table>
<thead>
<tr>
<th>DREAMING OUT LOUD INC</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26-1286043</td>
</tr>
</tbody>
</table>

### Organization type (check one):

- **Filers of:**
  - Form 990 or 990-EZ
    - [X] 501(c)(3) (enter number) organization
    - [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
    - [ ] 527 political organization
  - Form 990-PF
    - [ ] 501(c)(3) exempt private foundation
    - [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
    - [ ] 501(c)(3) taxable private foundation

### Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**
- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**
- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . . ♦ $ ____________

**Caution.** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer ‘No’ on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

---

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

---

**OMB No. 1545-0047**
### Part I Contributors

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

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 .</td>
<td>Melissa Jones 1545 18th Street NW #317 Washington DC 20036</td>
<td>$60,000</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td>2 .</td>
<td>Friends of DOL 419 7th St NW Ste 300 Washington DC 20004</td>
<td>$14,462</td>
<td>Person <strong>X</strong> Payroll Noncash</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>

**Contributors**

- Melissa Jones
- Friends of DOL

**Details**

- Melissa Jones
  - Name: Melissa Jones
  - Address: 1545 18th Street NW #317
  - ZIP: DC 20036
  - Total Contributions: $60,000
  - Type of Contribution: Person **X**
- Friends of DOL
  - Name: Friends of DOL
  - Address: 419 7th St NW Ste 300
  - ZIP: DC 20004
  - Total Contributions: $14,462
  - Type of Contribution: Person **X**
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DREAMING OUT LOUD INC</td>
<td>26-1286043</td>
</tr>
</tbody>
</table>

**Pt VI, Line 11b**
GOVERNING DOCUMENTS AND FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

**Pt VI, Line 11b**
THE TREASURER AND DIRECTOR REVIEWED THE FORM 990

**Pt III, Line 2**
Urban Agriculture and Advocacy and Public Policy
The organization made the financial statements available to the public during the year.

**Pt VI, Line 8b**
N/A
**Application for Automatic Extension of Time To File an Exempt Organization Return**

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name of exempt organization or other filer, see instructions.</td>
<td>Employer identification number (EIN) or Social security number (SSN)</td>
</tr>
<tr>
<td></td>
<td>DREAMING OUT LOUD INC</td>
<td>26-1286043</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td>419 7TH ST NW</td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>WASHINGTON DC 20004</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return).

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
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<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
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</tbody>
</table>

The books are in the care of Christopher Bradshaw. The books are in the care of

Telephone No. (301) 768-5164. Fax No. 26-1286043.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If this is for part of the group, check this box and attach a list with the names and EINs of all members.

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

**Form 8868 (Rev. 1-2017)**
Part I – Identifying Information

Employer Identification Number 26-1286043

Name DREAMING OUT LOUD INC

Doing Business As

Address 419 7TH ST NW Room/Suite

City WASHINGTON State DC ZIP Code 20004

Province/State Foreign Postal Code

Foreign Code Foreign Country

Telephone Number (301) 768-5164 Extension

Fax E-Mail Address

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- Form 990-EZ only
- Form 990 only
- Form 990-PF only
- Form 990-T only
- Form 990-EZ with Form 990-T
- Form 990 with Form 990-T
- Form 990-PF with Form 990-T

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ OR for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- 501(c) Corporation/Association 3 (subsection number)
- 501(c) Trust (subsection number)
- 4947(a)(1) Trust
- 408(e) Trust
- 401(a) Trust
- Other (describe) Corporation/Association Or Trust

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year Ending month 9
- Short year Beginning date Ending date

Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)
Part V – 2016 Estimated Taxes Paid

Check this box if the organization is a private foundation

Amount of 2015 overpayment credited to 2016 estimated tax

<table>
<thead>
<tr>
<th>Payment Quarters</th>
<th>Form 990-T Due Date</th>
<th>Form 990-T Date Paid</th>
<th>Form 990-T Amount Paid</th>
<th>Form 990-PF Due Date</th>
<th>Form 990-PF Date Paid</th>
<th>Form 990-PF Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter Payment</td>
<td>01/17/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Quarter Payment</td>
<td>03/15/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Quarter Payment</td>
<td>06/15/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Quarter Payment</td>
<td>09/15/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Payment 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VI - Taxpayer Signature Information

Officer's Name: CHRISTOPHER BRADSHAW
Officer's Title: Executive Director

Part VII – Electronic Filing Information

IMPORTANT: Do not use the Miscellaneous Statement or Additional Information if filing Form 990 or Form 990-EZ. These statements will not be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet

Electronic Filing:

X File the federal return electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

X Sign this return electronically using the Practitioner PIN

ERO entered PIN

Officer's PIN (enter any 5 numbers) . 62355

Date PIN entered . 04/17/2017

Electronic Filing of Extensions:

Check this box to file Form 8868 (application for extension of time to file return) electronically
Electronic Filing of Amended Return:

- Check this box to file amended return electronically
- Check this box to file the state and/or city amended return(s) electronically

* Select the state and/or city amended return(s) to file electronically.

☐ File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)

Yes  No

Use electronic funds withdrawal of federal balance due (EF only)?
Use electronic funds withdrawal of Form 8868 balance due (EF only)?
Use electronic funds withdrawal of amended return balance due (EF only)?

Bank Information
Check to confirm transferred account information (which appears in green) is correct.
Name of Financial Institution (optional)
Check the appropriate box: Checking Savings
Routing number
Account number

Payment Information
Enter the payment date to withdraw tax payment
Balance due amount from this return
Enter an amount to withdraw tax payment
If partial payment is made, the remaining balance due
Payment date for amended returns
Balance due amount for amended returns

Part IX – Information for Client Letter

Form 990-EZ or Form 990  Form 990-PF  Form 990-T

Extended Due Date
Letter Salutation

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help)  . . . jdv
QuickZoom to Firm/Preparer Info

QuickZoom to Form 990-EZ, Pages 1 through 4
QuickZoom to Form 990, Page 1
QuickZoom to Form 990-PF, Page 1
QuickZoom to Form 990-T, Page 1
QuickZoom to Form 990-N, e-PostCard

QuickZoom to Client Status
**Part I  Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here . . .</td>
<td>x 1b Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here . .</td>
<td>x 2b Total revenue, if any (Form 990-EZ, line 9)</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here .</td>
<td>x 3b Total tax (Form 1120-POL, line 22)</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here . .</td>
<td>x 4b Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here . . .</td>
<td>x 5b Balance Due (Form 8868, line 3c)</td>
</tr>
</tbody>
</table>

**Part II  Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer’s PIN: check one box only**

- [ ] I authorize [ ] to enter my PIN [ ] as my signature

  - Enter five numbers, but do not enter all zeros

  - ERO firm name

  - on the organization’s tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

- [x] As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

**Officer’s signature [ ]  Date [ ] 04/17/2017**

**Part III  Certification and Authentication**

**ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN**

- [ ] 27051862355 [do not enter all zeros]

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

**ERO’s signature [ ]  Date [ ]**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA  For Paperwork Reduction Act Notice, see instructions.  Form 8879-EO (2016)
Name(s) Shown on Return: DREAMING OUT LOUD INC
Employer ID Number: 26-1286043

A – Practitioner PIN Authorization

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Officer(s) entered PIN(s) □
ERO entered Officer’s PIN □

B – Signature of Electronic Return Originator

ERO Declaration:
I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer’s identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.

ERO’s PIN (EFIN followed by any 5 numbers) □ EFIN 270518
Self-Select PIN □ 62355

C – Signature of Officer

Perjury Statement:
Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization’s 2015 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:
I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):
I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization’s Federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer’s PIN □ 62355
Date □ 04/17/2017
Part I — State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically ☐

Part II — Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter the EFIN for the ERO that is responsible for this return. ☐

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return.  ☐

ERO Name: ACCURATE CPA SERVICES  ☐
ER0 Electronic Filers Identification Number (EFIN): 270518  ☐
ER0 Address: 9701 Apollo Dr Suite 301  ☐
ER0 Employer Identification Number: 45-4170268  ☐
City: Largo  ☐
State: MD  ☐
ZIP Code: 20774  ☐
Country:  ☐

Part III — Paid Preparer Information

Firm Name: ACCURATE CPA SERVICES  ☐
Preparer Social Security Number or PTIN: P01428831  ☐
Preparer Name: Jamela Des Vignes  ☐
Employer Identification Number: 45-4170268  ☐
Address: 9701 Apollo Dr Suite 301  ☐
Phone Number: (301) 684-5166  ☐
Fax Number:  ☐
City: Largo  ☐
State: MD  ☐
ZIP Code: 20774  ☐
Country:  ☐
Preparer E-mail Address:  ☐

Part IV — Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment ☐
Amount you are paying with the amended return ☐

Check this box to file another federal amended return electronically ☐
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically ☐
Check this box to file another state and/or city amended return electronically ☐

* Select the state and/or city amended return(s) to file electronically.

State/City *

☐ California State Exempt

Part V — Name Control

Name Control, enter here to override default. ☐

DREA
**Smart Worksheet for Officers, Directors, Trustees, Key Employees and Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. The next 10 entries will be placed on the appropriate lines on page 8. If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Avg B hrs/wk (list hrs for related orgs below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compn from the organization (W-2/1099-MISC)</th>
<th>(E) Est amt of oth compn from org and related orgs</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Christopher Bradshaw</td>
<td>40.00</td>
<td>C1 - Indiv trustee or dir C2 - Institutional trustee C3 - Officer C4 - Key employee C5 - Highest compensated employee C6 - Former</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Nicole Miles</td>
<td>2.00</td>
<td></td>
<td>30,228.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Wil Parker</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) Lindsay Smith</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Emerald Stewart</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Susan Sutler</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) JoVita Wells</td>
<td>2.00</td>
<td></td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 p 7: Part VII Compensation of Officers etc.
### Line 2f - All Other Program Service Revenue Smart Worksheet

The total of the following items carry to line 2f below:

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application and market fees</td>
<td>5,870.</td>
<td>5,870.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

### General Information Smart Worksheet

**A** Description for this copy of Schedule B, Part I. ........ Copy 1

### Filing Address Smart Worksheet

Send Form 8868 to: Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0045