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CLIENT'S COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DREAM PROJECT, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P O BOX 7419</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22207</b> <b>F</b> Name and address of principal officer: <b>KAREN VALLEJOS CORRALES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>45-1869894</b> <b>E</b> Telephone number <b>703-672-1541</b> <b>G</b> Gross receipts \$ <b>1,008,478.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.DREAM-PROJECT.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>2011</b>		<b>M</b> State of legal domicile: <b>VA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DREAM PROJECTS EMPOWERS STUDENTS WHOSE IMMIGRATION STATUS CREATES BARRIERS TO EDUCATION BY WORKING</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>21</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>21</b> <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>7</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>0</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">813,658.</td> <td style="text-align: right;">956,866.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">12,190.</td> <td style="text-align: right;">33,196.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">18,416.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">825,848.</td> <td style="text-align: right;">1,008,478.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	813,658.	956,866.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	12,190.	33,196.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	18,416.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	825,848.	1,008,478.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>KAREN VALLEJOS CORRALES, EXECUTIVE DIRECTOR</b>	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SALTI &amp; ASSOCIATES, LLC</b>	Preparer's signature
	Firm's name <b>SALTI &amp; ASSOCIATES, LLC</b>	Date <b>05/12/25</b>
	Firm's address <b>1310 L STREET, NW WASHINGTON, DC 20005</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01482194</b>
		Firm's EIN <b>20-3551532</b>
		Phone no. <b>202-728-3312</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DREAM PROJECTS EMPOWERS STUDENTS WHOSE IMMIGRATION STATUS CREATES BARRIERS TO EDUCATION BY WORKING WITH THEM TO ACCESS AND SUCCEED IN COLLEGE THROUGH SCHOLARSHIPS, MENTORING, FAMILY ENGAGEMENT, AND ADVOCACY

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 [X] 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 [X] 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 \$ 483,974. including grants of \$ 382,500. ) (Revenue \$ 18,416. )

SCHOLARSHIPS: THE DREAM PROJECT AWARDED RENEWABLE COLLEGE SCHOLARSHIPS TO TALENTED IMMIGRANT STUDENTS IN VIRGINIA WHOSE IMMIGRATION STATUS CREATES BARRIERS TO EDUCATION. THE DREAM SCHOLARSHIP RECOGNIZES STUDENTS WHO DEMONSTRATE ACADEMIC ACHIEVEMENT, LEADERSHIP, COMMUNITY INVOLVEMENT, AND PERSEVERANCE IN THE FACE OF ADVERSITY. IN 2023-2024, THE ORGANIZATION SUCCESSFULLY EXPANDED ITS SCHOLARSHIP PROGRAM, PROVIDING CRITICAL FINANCIAL SUPPORT THAT ENABLED MORE DREAMERS TO PURSUE HIGHER EDUCATION OPPORTUNITIES.

4b (Code: ) (Expenses \$ 56,576. including grants of \$ ) (Revenue \$ )

MENTORING: THE DREAM PROJECT'S MENTORING PROGRAM SERVED HIGH SCHOOL SENIORS AND COMMUNITY COLLEGE SCHOLARS TRANSFERRING TO FOUR-YEAR UNIVERSITIES. FROM SEPTEMBER TO MAY, PARTICIPANTS MET WEEKLY WITH OUR DEDICATED TEAM OF STAFF AND MENTORS. STUDENTS ENGAGED IN GROUP DISCUSSIONS AND WORKSHOPS, FOLLOWED BY PERSONALIZED ONE-ON-ONE ADVISING SESSIONS ADDRESSING THE SPECIFICS OF EACH STUDENT'S COLLEGE ADMISSIONS PROCESS. OUR MENTORS PROVIDED CONFIDENTIAL GUIDANCE, INFORMED SPECIFICALLY ON COLLEGE ADMISSIONS PATHWAYS FOR NON-CITIZENS, SUPPORTING STUDENTS THROUGHOUT THEIR JOURNEY TO HIGHER EDUCATION. THE 2023-2024 MENTORING PROGRAM SAW RECORD PARTICIPATION AND RESULTED IN SUCCESSFUL COLLEGE PLACEMENTS ACROSS VIRGINIA. MENTORS ALSO ASSISTED MENTEES IN CHOOSING THEIR SCHOOLS BASED ON EDUCATIONAL AND ECONOMIC

4c (Code: ) (Expenses \$ 125,960. including grants of \$ 19,217. ) (Revenue \$ )

SCHOLAR, ALUMNI SUPPORT: DREAM PROJECT SCHOLARSHIP RECIPIENTS, COLLEGE GRADUATES, AND THEIR FAMILIES RECEIVED COMPREHENSIVE SUPPORT THROUGH ACTIVITIES AND PROGRAMMING DESIGNED TO FOSTER SUCCESS IN COLLEGE AND CAREERS: "THE DREAM PROJECT HAS PARTNERED WITH BEYOND 12 TO PROVIDE PERSONALIZED COLLEGE COACHING SERVICES, HELPING STUDENTS THRIVE IN COLLEGE AND BEYOND. THESE SERVICES WERE PROVIDED TO ALL FRESHMAN STUDENTS AS WELL AS SELECTED SOPHOMORES AND STUDENTS TRANSFERRING FROM TWO- TO FOUR-YEAR COLLEGES. AS MOST DREAM PROJECT STUDENTS ARE FIRST-GENERATION COLLEGE STUDENTS, THIS COACHING SERVICE PROVED CRUCIAL FOR THEIR ACADEMIC PERSISTENCE AND SUCCESS. "THE ORGANIZATION HOSTED A HIGHLY ATTENDED MANDATORY ANNUAL WEEK-LONG

4d Other program services (Describe on Schedule O.) (Expenses \$ 55,882. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 722,392.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

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 with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	<b>1a</b> 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	VA
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain on Schedule O)	
<b>19</b>	Describe on 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.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 703-672-1541 P O BOX 7419, ARLINGTON, VA 22207	

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN VALLEJOS CORRALES EXECUTIVE DIRECTOR	1.00 40.00			X				76,670.	0.	14,278.
(2) DAWN CUTLER BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(3) NATALY MONTANO VARGAS BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(4) JULIUS D. "JD" SPAIN JR BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(5) MARK HABEEB SECRETARY	0.00 5.00	X		X				0.	0.	0.
(6) ANN KENNEDY MENTORING CHAIR	0.00 2.00	X						0.	0.	0.
(7) DAYANNA HUDSON BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(8) MONICA BURGOS BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(9) JEFF MILES BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(10) RONPILLAY KULATHURAN BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(11) MARIE PRICE BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(12) ROBERT REMES TREASURER	0.00 5.00	X		X				0.	0.	0.
(13) DAVID ROTHWELL BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(14) ROBERT SMITH BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(15) EMMA VIOLAND SANCHEZ CHAIR	0.00 5.00	X		X				0.	0.	0.
(16) JULIE ZALKIND VICE CHAIR	0.00 5.00	X		X				0.	0.	0.
(17) TIM LAWLER BOARD MEMBER	0.00 1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MELANIE NEZER BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(19) NANCY MCELLOWNEY BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(20) MEG TUCCILLO BOARD MEMBER	0.00 1.00	X						0.	0.	0.
(21) BRYAN VIERA BOARD MEMBER	1.00	X						0.	0.	0.
(22) GIANCARLA ROJAS BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								76,670.	0.	14,278.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								76,670.	0.	14,278.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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 0

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>							
	<b>b</b> Membership dues .....	<b>1b</b>							
	<b>c</b> Fundraising events .....	<b>1c</b>							
	<b>d</b> Related organizations .....	<b>1d</b>							
	<b>e</b> Government grants (contributions) .....	<b>1e</b>							
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	956,866.						
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$						
	<b>h Total.</b> Add lines 1a-1f .....							956,866.	
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>							
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> _____								
	<b>e</b> _____								
	<b>f</b> All other program service revenue .....								
	<b>g Total.</b> Add lines 2a-2f .....								
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			33,196.			33,196.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....								
	<b>5</b> Royalties .....								
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal					
			<b>b</b> Less: rental expenses ...	<b>6b</b>					
			<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....								
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other					
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
			<b>c</b> Gain or (loss) .....	<b>7c</b>					
			<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>							
			<b>b</b> Less: direct expenses .....	<b>8b</b>					
			<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>								
		<b>b</b> Less: direct expenses .....	<b>9b</b>						
		<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>								
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
		<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> REFUNDS AND OTHER REIM .....	<b>Business Code</b>		18,416.	18,416.				
	<b>b</b> _____								
	<b>c</b> _____								
	<b>d</b> All other revenue .....								
	<b>e Total.</b> Add lines 11a-11d .....			18,416.					
<b>12 Total revenue.</b> See instructions .....			1,008,478.	18,416.	0.	33,196.			

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	401,717.	401,717.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	248,639.	183,993.	14,918.	49,728.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,931.	14,009.	1,136.	3,786.
9 Other employee benefits	35,423.	26,213.	2,125.	7,085.
10 Payroll taxes	20,530.	15,192.	1,232.	4,106.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,075.	4,496.	364.	1,215.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	35,792.	21,536.	3,105.	11,151.
12 Advertising and promotion				
13 Office expenses	21,679.	9,877.	3,043.	8,759.
14 Information technology	2,531.	2,531.		
15 Royalties				
16 Occupancy				
17 Travel	4,755.	813.	134.	3,808.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	29,228.	11,872.	1,921.	15,435.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,220.	6,083.	493.	1,644.
23 Insurance	5,655.	4,185.	339.	1,131.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EMERGENCY RELIEF</b>	8,155.	8,155.		
b <b>DUES AND SUBSCRIPTION</b>	7,679.	4,585.	2,308.	786.
c <b>MENTAL HEALTH &amp; EMERGEN</b>	5,260.	260.	5,000.	
d <b>STAFF TRAINING</b>	3,480.	1,484.	1,653.	343.
e All other expenses	6,443.	5,391.	512.	540.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	870,192.	722,392.	38,283.	109,517.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
Assets	<b>1</b> Cash - non-interest-bearing .....	236,726.	<b>1</b>	271,971.
	<b>2</b> Savings and temporary cash investments .....	639,608.	<b>2</b>	202,132.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	32,500.	<b>4</b>	64,770.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	51,381.	<b>7</b>	45,631.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,793.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,018.		
		1,298.	<b>10c</b>	6,775.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	121,521.	<b>12</b>	651,048.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	32,579.	<b>14</b>	25,377.
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,115,613.	<b>16</b>	1,267,704.	
Liabilities	<b>17</b> Accounts payable and accrued expenses .....	208,617.	<b>17</b>	222,422.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	208,617.	<b>26</b>	222,422.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	820,463.	<b>27</b>	915,918.
	<b>28</b> Net assets with donor restrictions .....	86,533.	<b>28</b>	129,364.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	906,996.	<b>32</b>	1,045,282.
<b>33</b> Total liabilities and net assets/fund balances .....	1,115,613.	<b>33</b>	1,267,704.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,008,478.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	870,192.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	138,286.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	906,996.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,045,282.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b>	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

DREAM PROJECT, INC.

Employer identification number

45-1869894

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH THEM TO ACCESS AND SUCCEED IN COLLEGE THROUGH SCHOLARSHIPS,  
MENTORING, FAMILY ENGAGEMENT, AND ADVOCACY

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

NEEDS, AND ASSISTED STUDENTS IN NEGOTIATING FINANCIAL AID PACKAGES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DREAM SUMMITS FOR STUDENTS AND PARENTS FOCUSED ON SUPPORTING STUDENTS  
IN COLLEGE AND BEYOND. THE FOCUS OF THE 2023 SUMMIT WAS ADVOCACY FOR  
SELF AND COMMUNITY. IN ADDITION, THE SUMMER SUMMIT INCLUDED  
PRESENTATIONS INVOLVING NETWORKING, JOB SEARCH, IMMIGRATION  
DEVELOPMENTS AND INDIVIDUAL IMMIGRATION GUIDANCE BY VOLUNTEER  
ATTORNEYS, AND WELLNESS SUPPORT.

"AS NEEDED, THE DREAM PROJECT'S CASE MANAGER CONNECTED STUDENTS WITH  
COMMUNITY AND GOVERNMENT RESOURCES PROVIDING ADDITIONAL HOUSING, FOOD,  
AND PHYSICAL AND MENTAL HEALTH SUPPORT SERVICES. INTERNAL SUPPORT  
SERVICES INCLUDED:

THE MOLLY AND JOSEPH HERMAN DREAM SCHOLAR LOAN FUND, WHICH  
PROVIDED INTEREST-FREE LOANS TO ELIGIBLE STUDENTS FOR UNEXPECTED  
EMERGENCIES AND DACA APPLICATION FEES. STUDENTS RECEIVED LOANS UP TO  
\$2,000 FOR UNDERGRADUATE AND GRADUATE EDUCATIONAL EXPENSES, PAYABLE  
DIRECTLY TO EDUCATIONAL INSTITUTIONS. NON-DACA LOANS ARE REPAID AFTER  
GRADUATION WITHIN TWO YEARS, WHILE DACA LOANS ARE REPAID IN MONTHLY  
INSTALLMENTS OVER FIVE MONTHS.

OTHE EMERGENCY RELIEF AND MENTAL HEALTH FUND, WHICH DISTRIBUTED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization DREAM PROJECT, INC.	Employer identification number 45-1869894
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GRANTS TO HELP STUDENTS PAY FOR HOUSING, FOOD, UTILITIES, AND HEALTHCARE WHEN COMMUNITY RESOURCES WERE UNAVAILABLE.

OCOMPUTER SUPPORT INITIATIVE, WHICH SUPPLIED REFURBISHED LAPTOPS TO STUDENTS IN NEED, ENABLING REMOTE LEARNING AND ACADEMIC SUCCESS.

"THE DREAM PROJECT WORKED TO CREATE SYSTEMIC CHANGE BY EMPOWERING YOUNG IMMIGRANT ADULTS TO LEAD COMMUNITY INITIATIVES ADVOCATING FOR INFRASTRUCTURE CHANGES THROUGH PARTICIPATION IN COMMUNITY COALITIONS/GROUPS, EDUCATIONAL EVENTS, AND THE FORMATION OF THE LEADERSHIP COUNCIL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAMILY ENGAGEMENT AND SUPPORT:

SINCE ITS INCEPTION, THE DREAM PROJECT HAS BENEFITED FROM STRONG PARENT VOLUNTEERING AND SUPPORT. WHAT BEGAN AS A SMALL GROUP OF CONCERNED PARENTS HOPING TO SEND THEIR CHILDREN TO COLLEGE DESPITE NUMEROUS OBSTACLES HAS EVOLVED INTO A ROBUST COMMUNITY SUPPORT SYSTEM. IN 2023-2024, THE DREAM PROJECT HOSTED AN ANNUAL WEEK-LONG DREAM SUMMIT AND REGULAR WORKSHOPS THROUGHOUT THE YEAR, EQUIPPING PARENTS WITH STRATEGIES TO SUPPORT THEIR STUDENTS' EDUCATIONAL JOURNEYS. THE PARENT COMMITTEE ACTIVELY CONTRIBUTED TO THE DREAM PROJECT'S FUNDRAISING EFFORTS, ORGANIZING MULTIPLE SUCCESSFUL EVENTS THROUGHOUT THE YEAR TO FUND A NAMED SCHOLARSHIP AND OTHER DREAM PROJECT PROGRAMS.

EXPENSES \$ 55,882. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE RETURN WAS PREPARED BY AN OUTSIDE ACCOUNTANT. THE RETURN IS REVIEWED BY THE TREASURER PRIOR TO FILING ELECTRONICALLY.

Name of the organization DREAM PROJECT, INC.	Employer identification number 45-1869894
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FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DEFINES AN "INTERESTED PERSON", IS A PERSON (DIRECTOR OR EMPLOYEE) WHO HAS FINANCIAL INTEREST IN DREAM PROJECT OR WHO HAS THE OPPORTUNITY TO INFLUENCE THE DECISION ON GRANTING SCHOLARSHIPS OR OTHER BUSINESS DECISIONS.

EACH PERSON SHOULD DISCLOSE THE EXISTENCE OF FINANCIAL INTEREST THAT COULD INFLUENCE THE DECISION MAKING PROCESS OF DREAM PROJECT. AFTER DISCLOSURE, THE INTERESTED PERSON SHOULD LEAVE THE BOARD OF DIRECTORS WHILE THE DETERMINATION OF CONFLICT OF INTEREST IS DISCUSSED AND VOTED ON.

IF THE BOARD OF DIRECTORS HAS REASONABLE CAUSE THAT THE INTERESTED PERSON FAILED TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST, THE INTERESTED PERSON HAS THE OPPORTUNITY TO EXPLAIN TO THE BOARD WHY HE FAILED TO DISCLOSE. THE BOARD HAS THE FINAL SAY AND WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTIONS.

IN JANUARY OF EACH YEAR, EACH DIRECTOR, EMPLOYEE OF DREAM PROJECT SHALL SIGN A CERTIFICATION OF "CONFLICT OF INTEREST POLICY"

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE ITS CORPORATE DOCUMENTS UPON REQUEST.