


Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

DREAM CENTER OF LAKELAND INC

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

635 WEST 5TH STREET

City or town, state or province, country, and ZIP or foreign postal code

LAKELAND, FL 33805

F Name and address of principal officer

REV DAN A MCBRIDE

635 WEST 5TH STREET

LAKELAND, FL 33805

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

01-0686634

E Telephone number

(863) 413-0088

G Gross receipts \$ 434,173

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.DREAMCENTERLAKELAND.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2001

M State of legal domicile FL

Part I Summary				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>A CHRISTIAN COMMUNITY CENTER THAT SERVES TO POSITIVELY IMPACT THE LIVES OF "AT-RISK" FAMILIES</div><div></div><div></div><div></div></div>			
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>			
	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div><div>3</div></div>	<div>22</div>	
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div><div>4</div></div>	<div>22</div>	
	<div><div>5</div><div>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</div></div>	<div><div>5</div></div>	<div>0</div>	
Revenue	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div><div>6</div></div>	<div>557</div>	
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div><div>7a</div></div>	<div>0</div>	
	<div><div>b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div><div>7b</div></div>	<div>0</div>	
	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div> <div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div> <div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div> <div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div> <div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div><div>Prior Year</div></div>	<div><div>Current Year</div></div>	
		<div>310,316</div>	<div>434,173</div>	
Expenses		<div>0</div>	<div>0</div>	
		<div>0</div>	<div>0</div>	
		<div>5,932</div>	<div>0</div>	
		<div>316,248</div>	<div>434,173</div>	
<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div> <div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div> <div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div> <div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div> <div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25) ▶0</div></div> <div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div> <div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div> <div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>32,160</div> <div>0</div> <div>0</div> <div>0</div> <div></div> <div>312,805</div> <div>344,965</div> <div>-28,717</div>	<div>65,066</div> <div>0</div> <div>0</div> <div>0</div> <div></div> <div>320,909</div> <div>385,975</div> <div>48,198</div>		
Net Assets or Fund Balances	<div><div>20</div><div>Total assets (Part X, line 16)</div></div> <div><div>21</div><div>Total liabilities (Part X, line 26)</div></div> <div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div><div>Beginning of Current Year</div></div>	<div><div>End of Year</div></div>	
		<div>910,202</div>	<div>959,505</div>	
		<div>1,406,197</div>	<div>1,411,929</div>	
		<div>-495,995</div>	<div>-452,424</div>	

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

Sign Here

Signature of officer

2016-06-20

Date

REV DAN A MCBRIDE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

TORI LEHMAN

Preparer's signature

TORI LEHMAN

Date

2016-06-13

Check ☐ if self-employed

PTIN P00313085

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 402 SOUTH KENTUCKY AVENUE SUITE 600

Phone no (863) 680-5600

LAKELAND, FL 33801

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)