Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

**2017**

Department of the Treasury
Internal Revenue Service

**For calendar year 2017, or tax year beginning** _____ **, and ending** _____

**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Dreamscape Foundation Inc.

**Employer identification number**

46-4401372

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-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 of 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-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | | |
|---|---|---|---|---|
| 1a | **Form 990** check here ▶ ☒ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . . | 1b | 306,134. |
| 2a | **Form 990-EZ** check here ▶ ☐ | **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . | 2b | |
| 3a | **Form 1120-POL** check here ▶ ☐ | **b Total tax** (Form 1120-POL, line 22) . . . . . | 3b | |
| 4a | **Form 990-PF** check here ▶ ☐ | **b Tax based on investment income** (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | **Form 8868** check here ▶ ☐ | **b Balance due** (Form 8868, line 3c) . . . . . | 5b | |

## Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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.

☒ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 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.

**Sign Here** ▶ Signature of officer | Date: 5/14/18 | ▶ Title: Chairman

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| **ERO's Use Only** | | | | | |
|---|---|---|---|---|---|
| ERO's signature ▶ | | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's SSN or PTIN |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ | | | | | EIN |
| | | | | | Phone no. |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| **Paid Preparer Use Only** | | | | |
|---|---|---|---|---|
| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self- employed | PTIN |
| Firm's name ▶ | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |