

**Return of Organization Exempt From Income Tax**

**2002**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2002 calendar year, or tax year period beginning **SEP 1, 2002** and ending **AUG 31, 2003**

<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 <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>I Have A Dream Foundation (National)</b>		<b>D</b> Employer identification number <b>13-3355315</b>
		Number and street (or P O box if mail is not delivered to street address) Room/Suite <b>330 7th Avenue</b>		<b>E</b> Telephone number <b>(212) 293-5480</b>
		City or town, state or country, and ZIP + 4 <b>New York, NY 10001</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? N/A  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Enter 4-digit GEN

**G** Web site: **WWW.IHAD.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **1,466,803.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	209,010.		
	<b>b</b> Indirect public support	<b>1b</b>	93,299.		
	<b>c</b> Government contributions (grants)	<b>1c</b>	1,028,468.		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>1,330,777.</u> noncash \$ _____)	<b>1d</b>			1,330,777.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			27,834.
	<b>3</b> Membership dues and assessments	<b>3</b>			103,500.
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			4,692.
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<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> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,466,803.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,198,225.
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			165,960.
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			127,713.
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>			1,491,898.
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<25,095.>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			654,635.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Statement 1</b>	<b>20</b>			28,815.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			658,355.

REVENUE EXPENSES NET ASSETS

1

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	136,750.	109,400.	19,145.	8,205.
26	Other salaries and wages	441,186.	371,963.	57,061.	12,162.
27	Pension plan contributions				
28	Other employee benefits	111,658.	105,944.	622.	5,092.
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	11,091.	7,740.	3,351.	
35	Postage and shipping	13,545.	4,064.	9,481.	
36	Occupancy	105,816.	80,094.	25,671.	51.
37	Equipment rental and maintenance	8,849.	7,047.	1,802.	
38	Printing and publications	37,854.	11,116.	26,738.	
39	Travel	160,703.	158,820.	1,339.	544.
40	Conferences, conventions, and meetings	16,674.	14,792.	1,338.	544.
41	Interest	638.		523.	115.
42	Depreciation, depletion, etc (attach schedule)	1,667.		1,667.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	See Statement 2	445,467.	327,245.	17,222.	101,000.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,491,898.	1,198,225.	165,960.	127,713.

Joint Costs Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?  See Statement 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	See Statement 4				
			(Grants and allocations \$ _____)		13,365.
b	See Statement 5				
			(Grants and allocations \$ _____)		63,000.
c	See Statement 6				
			(Grants and allocations \$ _____)		1,121,860.
d					
			(Grants and allocations \$ _____)		
e	Other program services (attach schedule)		(Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				1,198,225.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	128,495.	45	25,974.	
	46 Savings and temporary cash investments	464,725.	46	579,278.	
	47 a Accounts receivable	84,467.			
	b Less allowance for doubtful accounts				
			77,380.	47c	84,467.
	48 a Pledges receivable				
	b Less allowance for doubtful accounts				
				48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
53 Prepaid expenses and deferred charges	1,855.	53		10,288.	
54 Investments - securities Stmt 7 Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	56,867.	54		8,871.	
55 a Investments - land, buildings, and equipment basis					
b Less accumulated depreciation					
			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	61,978.				
b Less accumulated depreciation	55,312.				
		8,333.	57c	6,666.	
58 Other assets (describe _____)			58		
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>737,655.</b>	<b>59</b>		<b>715,544.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	83,020.	60	57,189.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe _____)		65		
<b>66 Total liabilities (add lines 60 through 65)</b>	<b>83,020.</b>	<b>66</b>		<b>57,189.</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	201,118.	67	108,200.	
	68 Temporarily restricted	453,517.	68	550,155.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>	<b>654,635.</b>	<b>73</b>		<b>658,355.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>	<b>737,655.</b>	<b>74</b>		<b>715,544.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 91 regarding organizational activities, financials, and compliance.

Located at 330 7th Avenue, New York, NY

ZIP + 4 10001

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue (Conference Fees: 27,834), 94 Membership dues and assessments (103,500), 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities (4,692), 97-103 Other revenue, 104 Subtotal (4,692), 105 Total (136,026).

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Row 93a: Funds generated from the exempt function of the organization.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Row 1: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [ ] Yes [X] No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [ ] Yes [X] No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Preparer's information section including: Under penalties of perjury, I declare that I have examined this return... Date: 4/18/04, Name: President & CEO, Date: 4/7/04, Check if self-employed: [ ]

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

I Have A Dream Foundation (National)

Employer identification number

13 3355315

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kristina Berger ----- 330 7th Avenue, NY, NY 10001	Dir. of Plan. 35	70,000.		
Deborah Buyer ----- 330 7th Avenue, NY, NY 10001	Project Mgmt 35	59,583.		
----- ----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Piper Rudnick ----- 901 15th Street, N.W., Washington DC 20005-2301	Legal Service	111,597.
----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions )

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note.</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,461,901.	1,859,819.	1,639,574.	1,487,586.	6,448,880.
16 Membership fees received	92,035.	58,000.	73,000.	59,000.	282,035.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		39,100.			39,100.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,246.	22,224.	21,552.	23,325.	75,347.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	1,555.	5,178.	See Statement 10 12,286.	23,350.	42,369.
23 Total of lines 15 through 22	1,563,737.	1,984,321.	1,746,412.	1,593,261.	6,887,731.
24 Line 23 minus line 17	1,563,737.	1,945,221.	1,746,412.	1,593,261.	6,848,631.
25 Enter 1% of line 23	15,637.	19,843.	17,464.	15,933.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 136,973.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 254,770.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 6,848,631.
d Add Amounts from column (e) for lines: 18 75,347. 19 22 42,369. 26b 254,770.					26d 372,486.
e Public support (line 26c minus line 26d total)					26e 6,476,145.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.5612%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) (2000) (1999) (1998) N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) (2000) (1999) (1998) N/A					
c Add Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					None

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	<b>32d</b>	
<hr/> <hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/> <hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
	N/A													
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



---



---

Form 990	Other Changes in Net Assets or Fund Balances	Statement	1
----------	--	-----------	---

---

Description	Amount
In-kind	28,815.
Total to Form 990, Part I, line 20	28,815.

---



---

Form 990	Other Expenses	Statement	2
----------	----------------	-----------	---

---

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Client Activities	1,202.	295.	907.	
Office supplies and expenses	41,240.	36,379.	4,861.	
Insurance	3,154.	3,119.	35.	
Dues and Subscriptions	8,064.	6,651.	1,359.	54.
Miscellaneous	434.	434.		
Consultants	352,295.	241,660.	9,689.	100,946.
Site & Program Services	20,111.	20,111.		
Promotions & Corporate Identity	4,522.	4,151.	371.	
Internet Presence	0.			
Staff Development	0.			
Furniture and Equipment	1,320.	1,320.		
Peer Stipends	13,125.	13,125.		
Total to Fm 990, ln 43	445,467.	327,245.	17,222.	101,000.

---



---

Form 990	Statement of Organization's Primary Exempt Purpose Part III	Statement	3
----------	--	-----------	---

---

Explanation

Established to promote and coordinate the National Development of "I Had" programs across the United States. Serving as the central resource organization, the Foundation's purpose is to provide educational assistance to disadvantaged students by providing the skills needed to complete high school and go on to college.

---



---

Form 990	Statement of Program Service Accomplishments	Statement	4
----------	--	-----------	---

---

Description of Program Service One

Promise Fellows- Oversee, provide assistance and provide stipends to four Promise Fellow grantees (Boulder, CO; Fort Worth, TX; Portland, OR and San Francisco, CA), which recruited new volunteers and mentors, developed relationships with local colleges, schools, government agencies, community based organizations and companies to provide caring adults in the lives of hundreds of their students.

	Grants	Expenses
To Form 990, Part III, line a		13,365.

---



---

Form 990	Statement of Program Service Accomplishments	Statement	5
----------	--	-----------	---

---

Description of Program Service Two

The "I Have a Dream" National Partners Program forges mutually beneficial relationships with participating vendors from other national organizations and businesses. Through this program, the national "I Have a Dream Foundation" connects each of our local "I Have a Dream" Projects with \$1,000 vouchers towards the purchase of services and resources, and provides discounts that would not otherwise be readily available to them. Because our Projects take a holistic and long-term approach to working with students, they need a broad and challenging array of partner service providers in order to meet all the programming needs of their Dreamers.

	Grants	Expenses
To Form 990, Part III, line b		63,000.

Form 990 Statement of Program Service Accomplishments Statement 6

Description of Program Service Three

National Department of Justice Programs- with this funding the national foundation pursued the following objectives:  
 1.) Expand the "I Have a Dream" Program to serve more children by recruiting and approving more Sponsors to open more local "I Have a Dream" Projects.  
 2.) Provide direct services to our Projects to help improve the quality of their programming through national conferences, site visits, technical assistance, etc.  
 3.) Provide tools and resources to help Projects increase the breadth of their programming through services such as training materials, data collection and software, and a national community service day, etc.  
 4.) To facilitate communications between all "I Have a Dream" Projects across the country and build recognition of the program model and its impact on at-risk youth.

	Grants	Expenses
To Form 990, Part III, line c		1,121,860.

Form 990 Non-Government Securities Statement 7

Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
Common Stocks	8,871.				8,871.
Corporate Bonds		0.			
To 990, ln 54 Col B	8,871.	0.			8,871.

Form 990	Government Securities		Statement	8
Description	U.S. Government	State and Local Gov't	Total Gov't Securities	
US Government Securities	0.			
Total to Form 990, line 54, Col B	0.			

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement	9
----------	--	-----------	---

Name and Address	Title and Avg Hrs/Wk	Compensation	Employee Ben Plan Contrib	Expense Account
Marina Winton 330 7th Avenue New York, NY 10001	President & CEO 35	136,750.	0.	0.
Llewellyn P. Haden, Jr. 330 7th Avenue New York, NY 10001	Chairman 3	0.	0.	0.
Stephanie Trump 330 7th Avenue New York, NY 10001	Vice President 3	0.	0.	0.
Christopher Coons 330 7th Avenue New York, NY 10001	Secretary 3	0.	0.	0.
Kenneth Lewis 330 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Carol McGuire 330 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Peter Fishbein 330 7th Avenue New York, NY 10001	Trustee 1	0.	0.	0.
Ronald Terwilliger 330 7th Avenue New York, NY 10001	Director 1	0.	0.	0.

I Have A Dream Foundation (National)

13-3355315

Gene Zuriff 330 7th Avenue New York, NY 10001	Director 1	0.	0.	0.
Eugene Lang 330 7th Avenue New York, NY 10001	Chairman Emeritus 1	0.	0.	0.
Totals Included on Form 990, Part V		<u>136,750.</u>	<u>0.</u>	<u>0.</u>

Schedule A	Other Income	Statement	10
------------	--------------	-----------	----

Description	2001 Amount	2000 Amount	1999 Amount	1998 Amount
Other	1,555.	5,178.	12,286.	23,350.
Total to Schedule A, line 22	<u>1,555.</u>	<u>5,178.</u>	<u>12,286.</u>	<u>23,350.</u>

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note:** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization <b>I Have A Dream Foundation (National)</b>	Employer identification number <b>13-3355315</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>330 Seventh Avenue, No. 2100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>New York, NY 10001</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until April 15, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year \_\_\_\_\_ or  
 ►  tax year beginning SEP 1, 2002, and ending AUG 31, 2003

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

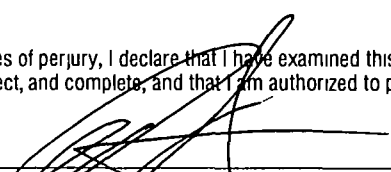
**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► Partner Date ► 1/7/04

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)