

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2009 calendar year, or tax year beginning **SEP 1, 2009** and ending **AUG 31, 2010**

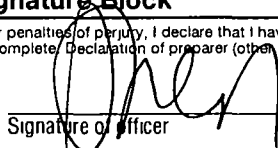
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>I HAVE A DREAM FOUNDATION</b>		<b>D</b> Employer identification number <b>13-3355315</b>
		Doing Business As		<b>E</b> Telephone number <b>212-293-5480</b>
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,536,403.</b>
		<b>330 7TH AVENUE, 20TH FLOOR</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10001</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list (see instructions)	
<b>F</b> Name and address of principal officer: <b>IRIS CHEN</b>		<b>H(c)</b> Group exemption number <b>N/A</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: <b>WWW.IHAVEADREAMFOUNDATION.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>1986</b>	<b>M</b> State of legal domicile <b>NY</b>

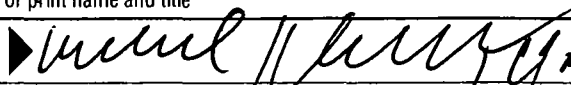
## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>THE "I HAVE A DREAM" FOUNDATION EMPOWERS CHILDREN IN LOW-INCOME COMMUNITIES TO ACHIEVE HIGHER</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	15
	6	Total number of volunteers (estimate if necessary)	6	5
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-ES 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,279,097.	1,390,040.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	103,321.	96,386.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10a, and 11e)	3,900.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<181,922.>	<71,932.>
	12		2,204,396.	1,414,494.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,240,658.	1,282,328.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	11,588.	12,825.
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>226,492.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	760,824.	500,102.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2,013,070.	1,795,255.
19	Revenue less expenses - Subtract line 18 from line 12	191,326.	<380,761.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,109,942.	705,313.
	22	Net assets or fund balances - Subtract line 21 from line 20	82,460.	58,592.
		1,027,482.	646,721.	

## 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:  Date: **1/14/2011**  
 Signature of officer: \_\_\_\_\_  
**IRIS CHEN, PRESIDENT AND CEO**  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: **01/12/11** Check if self-employed:  Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **SCHWARTZ & COMPANY, LLP**  
**2580 SUNRISE HIGHWAY**  
**BELLMORE, NEW YORK 11710** EIN: \_\_\_\_\_ Phone no.: **(516) 409-5000**

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

SCANNED JAN 25 2011

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**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**THE "I HAVE A DREAM" FOUNDATION EXPANDS EDUCATIONAL OPPORTUNITIES FOR CHILDREN IN LOW-INCOME COMMUNITIES, WITH A FOCUS ON INCREASING THEIR ACCESS TO HIGHER EDUCATION AND ENABLING THEM TO FULFILL THEIR ACADEMIC, PERSONAL AND LEADERSHIP POTENTIAL.**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 838,579. including grants of \$ ) (Revenue \$ 96,386.)

**DREAMER & AFFILIATE SUPPORT: - THE "I HAVE A DREAM" FOUNDATION PROVIDES GUIDANCE, RESOURCES, AND TECHNICAL ASSISTANCE TO 32 "I HAVE A DREAM" AFFILIATES ACROSS THE NATION, WITH THE GOAL OF ENSURING THAT OUR 3,700 STUDENTS, CALLED "DREAMERS", GRADUATE FROM HIGH SCHOOL PREPARED TO ENROLL IN AND COMPLETE COLLEGE. TWO DIRECTORS OF TRAINING AND SUPPORT WORK DIRECTLY WITH AFFILIATES TO PROVIDE CUSTOMIZED PROGRAM SUPPORT THROUGH SITE VISITS, PHONE CONSULTATIONS, AND OTHER TECHNICAL ASSISTANCE. IN ADDITION, THE NATIONAL PROGRAM TEAM DEVELOPS AND MANAGES NATIONAL PARTNERSHIPS TO PROVIDE CURRICULA RESOURCES AT NO COST TO OUR DREAMERS AND AFFILIATES, HOSTS CONFERENCE CALLS AND WEBINARS, PROVIDES CONTENT FOR THE ANNUAL AFFILIATE STAFF CONFERENCE, AND PUBLISHES A MONTHLY ONLINE NEWSLETTER TO FACILITATE SHARING OF BEST**

4b (Code: ) (Expenses \$ 268,545. including grants of \$ ) (Revenue \$ )

**PROGRAM STRATEGY & DESIGN: - THE "I HAVE A DREAM" FOUNDATION IS WORKING TO INCREASE THE ORGANIZATION'S IMPACT BY CONSTANTLY IMPROVING OUR EFFORTS TO SUPPORT CURRENT AFFILIATES. AS PART OF THIS EFFORT, THE FOUNDATION CONDUCTED SURVEYS TO EVALUATE CURRENT PROGRAM OFFERINGS ACROSS THE AFFILIATE NETWORK AND PROVIDED RESOURCES TO ADDRESS AREAS THAT NEEDED IMPROVEMENT. AT THE SAME TIME, THE FOUNDATION COMPLETED THE DESIGN OF AN INNOVATIVE NEW PROGRAM MODEL TO BE LAUNCHED NEXT YEAR. THE NEW MODEL BUILDS ON THE ORGANIZATION'S PAST SUCCESSES AND AIMS TO INCREASE COLLEGE GRADUATION RATES WHILE SERVING MANY MORE STUDENTS EACH YEAR.**

4c (Code: ) (Expenses \$ 165,132. including grants of \$ ) (Revenue \$ )

**DATA & PERFORMANCE MANAGEMENT: - THE "I HAVE A DREAM" FOUNDATION CONTINUED AN EFFORT THAT WAS STARTED LAST YEAR TO DEVELOP A CENTRAL REPOSITORY FOR CURRENT AND HISTORICAL PERFORMANCE DATA ACROSS THE "I HAVE A DREAM" NETWORK IN ORDER TO MEASURE THE ORGANIZATION'S COLLECTIVE IMPACT, DRIVE CONTINUOUS IMPROVEMENT EFFORTS AND RESOURCE ALLOCATION, AND STRENGTHEN PERFORMANCE ACCOUNTABILITY. THIS PAST YEAR, THE FOUNDATION COMPILED AND ANALYZED BASELINE DEMOGRAPHIC AND ENROLLMENT DATA FOR 3,700 STUDENTS IN 57 PROGRAMS ACROSS THE NATION, SHARED AGGREGATE DATA WITH THE NETWORK TO COMMUNICATE OUR COLLECTIVE IMPACT AND DRIVE CONTINUOUS IMPROVEMENT, AND PROVIDED TECHNICAL ASSISTANCE TO AFFILIATE STAFF TO IMPROVE THEIR LOCAL DATA COLLECTION AND ANALYSIS EFFORTS. IN ADDITION, THE FOUNDATION BEGAN BUILDING AN ALUMNI DATABASE**

4d Other program services (Describe in Schedule O)

(Expenses \$ 122,824. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,395,080.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)



**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 in Schedule O See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body		
1a		14
b Enter the number of voting members that are independent		
1b		14
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a 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 If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **CA, CO, CT, FL, GA, IL, MD, NJ, NY, NC, OR, PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **IRIS CHEN - 212-293-5480**  
**330 SEVENTH AVENUE, 20TH FLOOR, NEW YORK, NY 10001**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
PETER FISHBEIN CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
J. RONALD TERWILLIGER CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
STEPHANIE TRUMP VICE CHAIR	3.00	X		X			0.	0.	0.	
LLEWELLYN P. HADEN, JR TREASURER	3.00	X		X			0.	0.	0.	
CHRISTOPHER COONS SECRETARY	3.00	X		X			0.	0.	0.	
JOSEPH S. BROSNAN PHD DIRECTOR	3.00	X					0.	0.	0.	
BILL DUFFY DIRECTOR	3.00	X					0.	0.	0.	
WARREN EISENBERG DIRECTOR	3.00	X					0.	0.	0.	
SARI FACTOR DIRECTOR	3.00	X					0.	0.	0.	
MARK FORNASIERO DIRECTOR	3.00	X					0.	0.	0.	
DANY GARCIA DIRECTOR	3.00	X					0.	0.	0.	
MARK GORDON DIRECTOR	3.00	X					0.	0.	0.	
JEFFREY GURAL DIRECTOR	3.00	X					0.	0.	0.	
KENNETH LEWIS DIRECTOR	3.00	X					0.	0.	0.	
FRANK LIDDELL DIRECTOR	3.00	X					0.	0.	0.	
CAROL MCGUIRE DIRECTOR	3.00	X					0.	0.	0.	
IRIS CHEN PRESIDENT & CEO	60.00			X			197,781.	0.	9,313.	



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	136,267.				
	b	Membership dues	1b					
	c	Fundraising events	1c	475,392.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	154,641.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	623,740.				
	g	Noncash contributions included in lines 1a-1f \$		92,534.				
	h	<b>Total.</b> Add lines 1a-1f		▶ 1,390,040.				
	Program Service Revenue	2 a	LICENSING FEES	Business Code 611710	79,500.	79,500.		
b		CONFERENCE FEES	611710	16,250.	16,250.			
c		SERVER FEES	541519	636.	636.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		▶ 96,386.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 475,392. of contributions reported on line 1c). See Part IV, line 18	a		49,977.			
		Less direct expenses	b		121,909.			
		Net income or (loss) from fundraising events			▶ <71,932.>			<71,932.>
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less direct expenses		b						
Net income or (loss) from gaming activities				▶				
10 a	Gross sales of inventory, less returns and allowances	a						
	Less cost of goods sold	b						
	Net income or (loss) from sales of inventory			▶				
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			▶				
12	<b>Total revenue.</b> See instructions.			▶ 1,414,494.	96,386.	0.	<71,932.>	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	333,695.	218,560.	84,108.	31,027.
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	786,040.	636,947.	25,676.	123,417.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	63,859.	52,242.	3,337.	8,280.
10 Payroll taxes	98,734.	77,408.	9,477.	11,849.
11 Fees for services (non-employees).				
a Management				
b Legal	3,448.			3,448.
c Accounting	23,513.		23,513.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,825.			12,825.
f Investment management fees				
g Other	45.			45.
12 Advertising and promotion				
13 Office expenses	143,209.	122,752.	6,486.	13,971.
14 Information technology	20,346.	13,340.	2,698.	4,308.
15 Royalties				
16 Occupancy	112,872.	88,491.	10,836.	13,545.
17 Travel	33,981.	27,710.	5,088.	1,183.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,772.	42,772.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,388.	3,897.	218.	273.
23 Insurance	5,132.	4,023.	493.	616.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>PROFESSIONAL FEES</b>	104,361.	104,361.	0.	0.
b <b>MISCELLANEOUS</b>	6,035.	2,577.	1,753.	1,705.
c _____				
d _____				
e _____				
f All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>1,795,255.</b>	<b>1,395,080.</b>	<b>173,683.</b>	<b>226,492.</b>
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	836,463.	1	427,275.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	250,575.	3	272,225.
	4	Accounts receivable, net	9,763.	4	439.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,895.	9	515.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	25,845.		
	10b	Less accumulated depreciation	20,986.	10c	4,859.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,109,942.	16	705,313.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	82,460.	17	58,592.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25		
26	<b>Total liabilities.</b> Add lines 17 through 25	82,460.	26	58,592.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,027,482.	27	646,721.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,027,482.	33	646,721.	
34	<b>Total liabilities and net assets/fund balances</b>	1,109,942.	34	705,313.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c 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 in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1828457.	1198992.	1360462.	2369847.	1469540.	8227298.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1828457.	1198992.	1360462.	2369847.	1469540.	8227298.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1142685.
6 <b>Public support.</b> Subtract line 5 from line 4						7084613.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1828457.	1198992.	1360462.	2369847.	1469540.	8227298.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,065.	26,439.	11,425.	3,900.		58,829.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,355.	<14,872.>	535.			<982.>
11 <b>Total support.</b> Add lines 7 through 10						8285145.
12 Gross receipts from related activities, etc (see instructions)					12	86,540.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.51 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	86.08 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

**PART II, SECTION B, LINE 10, OTHER INCOME:**

**OTHER INCOME INCLUDES PUBLICATION SALES AND FUNDRAISING EVENT INCOME.**

Multiple horizontal lines for supplemental information.

**Schedule DS**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization **I HAVE A DREAM FOUNDATION** Employer identification number **13-3355315**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply)
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,000.	10,000.	0.
d Equipment		15,845.	10,986.	4,859.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>4,859.</b>



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,414,494.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,795,255.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	<380,761.>
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<380,761.>

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1,486,797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	
b	Donated services and use of facilities	72,303.
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	72,303.
3	Subtract line 2e from line 1	1,414,494.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,414,494.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1,867,558.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	72,303.
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	72,303.
3	Subtract line 2e from line 1	1,795,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	1,795,255.

**Part XIV Supplemental Information**  
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		<b>SPRING GALA</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1	Gross receipts	525,369.		525,369.
	2	Less Charitable contributions	475,392.		475,392.
	3	Gross income (line 1 minus line 2)	49,977.		49,977.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,000.		1,000.
	7	Food and beverages	53,081.		53,081.
	8	Entertainment	14,478.		14,478.
	9	Other direct expenses	53,350.		53,350.
	10	Direct expense summary Add lines 4 through 9 in column (d)			( 121,909.)
11	Net income summary Combine line 3, column (d), and line 10			<71,932.>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain. _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization **I HAVE A DREAM FOUNDATION** Employer identification number **13-3355315**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2009



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Name of the organization **I HAVE A DREAM FOUNDATION** Employer identification number **13-3355315**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		85,909.	
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( THEATRE TKTS )	X	100	5,625.	
26	Other ▶ ( COMPUTER )	X	1	1,000.	
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

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2009  
Open to Public  
Inspection

Name of the organization

I HAVE A DREAM FOUNDATION

Employer identification number

13-3355315

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

EDUCATION BY PROVIDING THEM WITH GUARANTEED TUITION SUPPORT AND  
EQUIPPING THEM WITH THE SKILLS AND KNOWLEDGE THEY NEED TO GAIN ENTRY TO  
AND SUCCEED IN COLLEGE AND BEYOND.

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

PRACTICES ACROSS THE AFFILIATE NETWORK. THE FOUNDATION ALSO SPONSORED  
A LEADERSHIP DEVELOPMENT CONFERENCE AT RUTGERS UNIVERSITY FOR MORE THAN  
120 MIDDLE AND HIGH SCHOOL DREAMERS AND AFFILIATE STAFF BROUGHT  
TOGETHER FROM ALL PARTS OF THE COUNTRY. THIS PAST YEAR, THE FOUNDATION  
LAUNCHED AN ALUMNI INITIATIVE, LED BY A NEWLY FORMED ALUMNI ADVISORY  
BOARD, TO SUPPORT AND ENGAGE OUR 12,000 ALUMNI NATIONWIDE.

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

TO SUPPORT THE ALUMNI INITIATIVE AND TO EVALUATE THE LONGER TERM IMPACT  
OF THE "I HAVE A DREAM" PROGRAM.

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

MARKETING, COMMUNICATIONS & COMMUNITY ENGAGEMENT: - THE "I HAVE A  
DREAM" FOUNDATION PROMOTES THE VISIBILITY, PROFILE, AND PUBLIC  
ENGAGEMENT OF "I HAVE A DREAM" PROGRAMS ACROSS THE NATION IN THEIR  
LOCAL COMMUNITIES, AT THE NATIONAL LEVEL, AND IN THE BROADER EDUCATION  
REFORM MOVEMENT. AS PART OF THIS EFFORT, THE FOUNDATION CREATES AND  
DISTRIBUTES PROGRAM UPDATES TO LOCAL AND NATIONAL CONSTITUENTS, MANAGES  
THE ORGANIZATION'S NATIONAL WEBSITE, MAINTAINS A PRESENCE ON SOCIAL  
MEDIA OUTLETS, PROMOTES THE ORGANIZATION WITH LOCAL AND NATIONAL MEDIA,

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Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

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Open to Public  
Inspection

Name of the organization

I HAVE A DREAM FOUNDATION

Employer identification number  
13-3355315

AND PROVIDES TECHNICAL ASSISTANCE TO LOCAL SITES ON THEIR  
COMMUNICATIONS EFFORTS. IN ADDITION, THE FOUNDATION LEADS THE  
ORGANIZATION'S PARTICIPATION IN NATIONAL COALITIONS AIMED AT ADVANCING  
EDUCATIONAL OPPORTUNITY MORE BROADLY AND PROVIDES OPPORTUNITIES FOR  
AFFILIATES TO ENGAGE LOCALLY ON EDUCATION RELATED ISSUES.  
EXPENSES \$ 122824. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED ITS  
BY-LAWS TO UPDATE THE LANGUAGE USED IN THE PURPOSE CLAUSE AND TO ADD A  
SECTION DETAILING THE ROLES AND RESPONSIBILITIES OF BOARD COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 INFORMATION IS  
ASSEMBLED BY THE CHIEF ADMINISTRATIVE OFFICER WITH ASSISTANCE FROM OTHER  
SENIOR STAFF. THE INFORMATION IS SENT TO "I HAVE A DREAM" FOUNDATION'S  
INDEPENDENT AUDIT & TAX FIRM WHO COMPLETES AND REVIEWS THE RETURN. THE  
COMPLETED RETURN IS THEN REVIEWED BY SENIOR STAFF AND THE FINANCE AND AUDIT  
COMMITTEE. AFTER INCORPORATING ANY RECOMMENDATIONS OR MODIFICATIONS, THE  
990 IS FINALIZED AND SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS PRIOR TO  
FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY  
EMPLOYEES COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY. THE CONFLICT  
OF INTEREST POLICY IS AVAILABLE TO ALL EMPLOYEES THROUGH "I HAVE A DREAM"  
FOUNDATION'S INTRANET.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE PRESIDENT &

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Schedule O (Form 990) 2009

932211  
02-03-10

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the organization

I HAVE A DREAM FOUNDATION

Employer identification number

13-3355315

CEO WAS DETERMINED BY THE BOARD OF DIRECTORS IN CONSULTATION WITH AN  
INDEPENDENT SEARCH FIRM FAMILIAR WITH EXECUTIVE COMPENSATION AT COMPARABLE  
ORGANIZATIONS. AS PART OF THE ANNUAL BUDGET PROCESS, THE EXECUTIVE  
COMMITTEE EVALUATES THE PRESIDENT & CEO AND REVIEWS AND APPROVES ALL SENIOR  
STAFF COMPENSATION INCLUDING THE CHIEF ADMINISTRATIVE OFFICER, THE VICE  
PRESIDENT OF DEVELOPMENT, AND THE VICE PRESIDENT OF PROGRAM. COMPENSATION  
IS REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, CO, CT, FL, GA, IL, MD, NJ, NY, NC, OR, PA, SC, TN, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 19: "I HAVE A DREAM" FOUNDATION'S  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS  
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE  
FOUNDATION'S MOST RECENT FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON  
THE FOUNDATION'S WEBSITE: WWW.IHAVEADREAMFOUNDATION.ORG

FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS MEETS TO PROVIDE  
OVERSIGHT AND ANSWER QUESTIONS FROM THE INDEPENDENT ACCOUNTING FIRM  
WHEN THEY PERFORM AN AUDIT OF THE FINANCIAL STATEMENTS OF THE  
FOUNDATION. THE BOARD OF DIRECTORS IS DIRECTLY INVOLVED IN CHOOSING  
WHICH ACCOUNTING FIRM IS SELECTED TO PERFORM THE AUDIT.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

