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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
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 1545-1150

2008

Open to Public
Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

DOMINICAN REPUBLIC EDUCATION AND
MENTORING PROJECT, INC. AKA DREAM PROJECT

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 4136

City or town, state or country, and ZIP + 4

ITHACA, NY 14850-4136

D Employer identification number

03-0362565

E Telephone number

607-257-1981

F Group Exemption

Number ▶

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.DOMINICANDREAM.ORG

J Organization type (check only one) — ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 713,250.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	640,970.
2	Program service revenue including government fees and contracts	2	70,998.
3	Membership dues and assessments	3	
4	Investment income	4	559.
5a	Gross amount from sale of assets other than inventory STMT 4	5a	468.
b	Less: cost or other basis and sales expenses	5b	93,120.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	-92,652.
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ OTHER INCOME)	8	255.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	620,130.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	332,355.
13	Professional fees and other payments to independent contractors	13	32,636.
14	Occupancy, rent, utilities, and maintenance	14	18,555.
15	Printing, publications, postage, and shipping	15	6,669.
16	Other expenses (describe ▶ SEE STATEMENT 1)	16	299,262.
17	Total expenses Add lines 10 through 16	17	689,477.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-69,347.
19	Net assets or fund balances at beginning of year (Form line 27, column (A))	19	547,483.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	86,120.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	564,256.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,174.	184,558.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	531,863.	411,918.
25 Total assets	598,037.	596,476.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	50,554.	32,220.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	547,483.	564,256.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? SEE STATEMENT 10	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 SEE STATEMENT 7	
(Grants \$) If this amount includes foreign grants, check here ☐	28a 147,457.
29 SEE STATEMENT 8	
(Grants \$) If this amount includes foreign grants, check here ☐	29a 179,391.
30 SEE STATEMENT 9	
(Grants \$) If this amount includes foreign grants, check here ☐	30a 173,610.
31 Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a)	32 500,458.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHEL ZALESKI	PRESIDENT AND CHAIRMAN			
PO BOX 4136, ITHACA, NY 14850	10.00	0.	0.	0.
PATRICIA SURIEL	FORMER EXECUTIVE DIRECTOR			
PO BOX 4136, ITHACA, NY 14850	50.00	72,183.	9,837.	0.
CATHERINE DELAURA	CURRENT EXECUTIVE DIRECTOR			
PO BOX 4136, ITHACA, NY 14850	50.00	0.	0.	0.
WILLIAM FRIEDMAN	TREASURER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
MARIE JOSEE BARHSI	FINANICAL COMPTROLLER			
PO BOX 4136, ITHACA, NY 14850	20.00	0.	0.	0.
SPENCER KIMBALL	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
ADRIANO ESPAILLAT	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
KEVIN MANNING	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
RAYMOND JAY DUNN	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
DEBORAH BOUKNIGHT	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
JUDY GREENBERG	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.
FABIO GUZMAN	BOARD MEMBER			
PO BOX 4136, ITHACA, NY 14850	1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. ▶ NY		
42a The books are in care of ▶ EMILY MACDOWELL Telephone no. ▶ 607-257-1981 Located at ▶ 179 GRAHAM ROAD, SUITE A, ITHACA, NY ZIP + 4 ▶ 14850		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
If "Yes," enter the name of the foreign country: ▶ DOMINICAN REPUBLIC		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		
If "Yes," enter the name of the foreign country: ▶ DOMINICAN REPUBLIC		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

**DOMINICAN REPUBLIC EDUCATION AND
MENTORING PROJECT, INC. AKA DREAM PROJECT**
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here: Signature of officer: *Michel Zaleski* Date: 5/14/10

MICHEL ZALESKI
Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Michael Wallace, CPA* Date: 5/13/10 Check if self-employed: ☐ Preparer's Identifying Number (See instr.): P00881958

Firm's name (or yours if self-employed), address, and ZIP + 4: LUTZ AND CARR, CPAS LLP
300 EAST 42ND STREET
NEW YORK, NY 10017

EIN: Phone no. 212-697-2299

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

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization	DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT
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Employer identification number
03-0362565

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
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The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ 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 exempt 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).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

DOMINICAN REPUBLIC EDUCATION AND

Schedule A (Form 990 or 990-EZ) 2008 **MENTORING PROJECT, INC. AKA DREAM PROJECT** 03-0362565 Page 2**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
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 Total. Add lines 1 - 3	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
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)						480,616.
6 Public Support. Subtract line 5 from line 4						2334296.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237.	883.	618.	183.	559.	2,480.
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.)	442.	210.	133.	32.	255.	1,072.
11 Total support. Add lines 7 through 10						2818464.
12 Gross receipts from related activities, etc. (see instructions)					12	355,469.

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 2008 (line 6, column (f) divided by line 11, column (f))	14	82.82 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.93 %
16a 33 1/3% support test - 2008. 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 ☒		
b 33 1/3% support test - 2007. 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 ☐		
17a 10% -facts-and-circumstances test - 2008. 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 ☐		
b 10% -facts-and-circumstances test - 2007. 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 ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

Schedule A (Form 990 or 990-EZ) 2008

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER EXPENSES											
1	EQUIPMENT	VARIES	SL	5.00	16	86,854.			86,854.	36,641.		12,213.
2	CAPITAL CONSTRUCTION	VARIES	SL	40.00	16	189,323.			189,323.	7,458.		4,733.
3	LAND	VARIES		.000	16	20,000.			20,000.			0.
4	FURNITURE AND FIXTURES	VARIES	SL	5.00	16	26,652.			26,652.	975.		2,731.
5	LIBRARY	VARIES	SL	3.00	16	17,750.			17,750.			0.
	* 990-EZ PG 1 TOTAL											
	OTHER EXPENSES					340,579.		0.	340,579.	45,074.	0.	19,677.
	* GRAND TOTAL 990-EZ											
	PG 1 DEPR					340,579.		0.	340,579.	45,074.	0.	19,677.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
VOLUNTEER PROFESSIONAL SERVICES	53,642.
INSURANCE	2,878.
BROCHURE AND ADVERTISING EXPENSE	15,669.
PROGRAM DEVELOPMENT	10,561.
BANK AND OTHER CHARGES	3,779.
OFFICE SUPPLIES AND EXPENSES	7,553.
SCHOOL SUPPLIES	30,429.
MEALS	31,147.
TELEPHONE	18,212.
STAFF DEVELOPMENT	3,347.
TRANSPORTATION	65,245.
SUMMER CAMP VOLUNTEER FOOD & LODGING	37,123.
DEPRECIATION	19,677.
TOTAL TO FORM 990-EZ, LINE 16	299,262.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENT - EQUITY SECURITY	7,000.	0.
UNCONDITIONAL PROMISES TO GIVE	278,207.	122,835.
PREPAID EXPENSES	6,546.	12,461.
SECURITY DEPOSITS	1,142.	794.
OTHER DEPRECIABLE ASSETS	238,968.	275,828.
TOTAL TO FORM 990-EZ, LINE 24	531,863.	411,918.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED EXPENSES	10,554.	13,520.
DEFERRED REVENUE	40,000.	18,700.
TOTAL TO FORM 990-EZ, LINE 26	50,554.	32,220.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	4
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF EQUITY SECURITY	468.	93,120.	0.	-92,652.
TO FORM 990-EZ, LINE 5	468.	93,120.	0.	-92,652.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	86,120.
TOTAL TO FORM 990-EZ, LINE 20	86,120.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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

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STATEMENT 7

THE DREAM GUZMAN ARIZA SUMMER SCHOOL & CAMP IS A SUMMER EDUCATIONAL 4-WEEK PROGRAM FOR AT-RISK YOUTH IN CABARETE. THE DAY CAMP GIVES CHILDREN THE CHANCE TO GO ON FIELD TRIPS TO AREAS OUTSIDE THEIR LOCAL COMMUNITY, AND PROVIDES THE EDUCATIONAL SUPPORT NEEDED TO REVERSE THE TREND OF INCREASING DROPOUT RATES AND RISKY BEHAVIORS. THE PROGRAM IS DIVIDED BETWEEN YOUTH AND ADOLESCENTS, AND OFFERS CORE SUBJECTS SUCH AS READING, WRITING AND MATH, IN ADDITION TO CAMP-RELATED ACTIVITIES LIKE SWIMMING, ART, SPORTS, MUSIC AND DANCE. THERE ARE ALSO MINI COURSES FOR THE ADOLESCENTS THAT FOCUS ON EMPLOYABLE SKILLS. THESE COURSES CONSIST OF A NEWSPAPER GROUP, ART STUDIO, BOYS AND GIRLS GROUPS (SIMILAR TO BOY & GIRL SCOUTS), AND AN APPRENTICESHIP PROGRAM THAT PLACES ADOLESCENTS IN INTERNSHIPS IN LOCAL BUSINESSES. WE ALSO OFFER SEXUAL AWARENESS PROGRAMMING THROUGH THE HELP OF TRAINED COUNSELORS FROM SAN FRANCISCO SANO OF GRASSROOTS SOCCER, AND FUTBOL PARA LA VIDA.

990-EZ PG 2

STATEMENT 8

THE DREAM EDUCATION CENTER'S MODEL MONTESSORI PRESCHOOL INTRODUCES DISADVANTAGED CHILDREN TO SUPERIOR EDUCATION AND ALLOWS THEM TO DEVELOP A FOUNDATION THAT BETTER PREPARES THEM FOR THE CHALLENGES AWAITING THEM IN LIFE. IN ADDITION TO THESE ACADEMIC BENEFITS, THIS UNIQUE PROGRAM ADDRESSES THE PROBLEM OF MALNOURISHMENT AND BASIC HEALTH, A CRITICAL FACTOR IN THE POOR QUALITY OF EDUCATION IN THE DOMINICAN REPUBLIC. THE DREAM MONTESSORI PROGRAM OFFERS MORNING AND AFTERNOON CLASSES TO 150 STUDENTS AND IS RUN BY 6 FULLTIME LOCAL MONTESSORI TRAINED TEACHERS.

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STATEMENT 9

OTHER PROGRAMS: THE MOST SIGNIFICANT OF THE OTHER PROGRAMS IS THE YOUNG STARS (ESTRELLAS JOVENES) PROGRAM: AFTER CONTINUED SUCCESS WITH AT-RISK PROGRAMMING FROM THE GUZMAN ARIZA DREAM SUMMER SCHOOL & CAMP, THE DREAM PROJECT OFFICIALLY LAUNCHED THE YOUNG STARS PROGRAM IN THE FALL OF 2008 WITH OVER 80 LOCAL YOUTH ENROLLED. YOUNG STARS (ESTRELLAS JOVENES) IS A 6-WEEK EXTRACURRICULAR PROGRAM FOR AT-RISK ADOLESCENTS BETWEEN THE AGES OF 10 AND 18, THAT OFFERS LEADERSHIP AND LITERACY COURSES THREE HOURS A DAY FOR FOUR DAYS A WEEK. THE PROGRAM RUNS FOUR TIMES A YEAR AND OVER 50% OF THE STUDENTS PARTICIPATED IN ALL FOUR CYCLES. LAST YEAR'S LITERACY COURSES FOCUSED ON ENGLISH, ART, COMPUTERS AND LIBRARY SKILLS. THE LEADERSHIP COURSES OFFERED EMPLOYABLE LEADERSHIP SKILL SETS THROUGH COURSES ON NEWSPAPER JOURNALISM, WOMENS ISSUES, AND INTERNSHIPS, WHERE STUDENTS WERE PLACED IN LOCAL BUSINESSES TO OBTAIN EXPERIENCE AND POSSIBLE FUTURE EMPLOYEMENT. THROUGH THE DREAM AT-RISK YOUTH PROGRAM, STUDENTS HAVE THE OPPORTUNITY TO IMPROVE THEIR ACADEMIC PERFORMANCE AND ENGAGE IN PROGRAMS THAT CONFRONT THE MODERN CHALLENGES OF DOMINICAN YOUTH.

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STATEMENT 10

THE DOMINICAN REPUBLIC EDUCATION AND MENTORING (DREAM) PROJECT PROVIDES QUALITY EDUCATION FOR ALL CHILDREN BORN INTO POVERTY IN RURAL AREAS AND SMALL COMMUNITIES ON THE NORTH COAST OF THE DOMINICAN REPUBLIC.

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization 990-EZ**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**DOMINICAN REPUBLIC EDUCATION AND
MENTORING PROJECT, INC. AKA DREAM PROJECT****FORM 990-EZ PAGE 1****03-0362565****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	19,677.

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		27 5 yrs	MM	S/L	
	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	19,677.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year:

43 Amortization of costs that began before your 2008 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

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

OMB No. 1545-1709

► **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 ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT	Employer identification number 03-0362565
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 4136	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ITHACA, NY 14852	

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

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

EMILY MACDOWELL

- The books are in the care of ►
- P.O. BOX 4136 - ITHACA, NY 14852**

Telephone No ► **607-255-0676**

FAX No ►

- 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-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, 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 **JUL 1, 2008**, and ending **JUN 30, 2009**

- 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.	3a	\$
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.	3b	\$
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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT	Employer identification number 03-0362565
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 4136	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ITHACA, NY 14852	

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

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

EMILY MACDOWELL

- The books are in the care of **P.O. BOX 4136 - ITHACA, NY 14852**
 Telephone No **607-255-0676** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐ **X**
- 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 is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.

- | | | |
|--|----|---------------|
| 8a 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. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. 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 | 8c | \$ 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 *Emily O. Macdowell* Title **CPA** Date **1/29/10**

Form 8868 (Rev. 4-2009)

2008

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Part II, Line 5