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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 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 GARDEN OF DREAMS FOUNDATION (GDF)		D Employer identification number 13-3979726
		Doing Business As		E Telephone number 212-465-6635
		Number and street (or P O box if mail is not delivered to street address) Room/suite TWO PENN PLAZA, 8TH FLOOR		
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10121-0091		G Gross receipts \$ 2,064,371.
F Name and address of principal officer: BARRY WATKINS SAME AS C ABOVE				H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ►
I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: WWW.GARDENOFDREAMSFOUNDATION.ORG				
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►				L Year of formation 1997 M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE GARDEN OF DREAMS FOUNDATION IS COMMITTED TO MAKING DREAMS COME TRUE FOR KIDS IN CRISIS.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	80
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,674,533.	Current Year 1,793,736.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,566.	9,028.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<1,679.>	55,080.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,730,420.	1,857,844.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	917,799.	1,093,497.
	14 Benefits paid to officers or directors (Part IX, column (A), line 4)		
	15 Salaries, other compensation, or employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25) ► 71,119.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	834,099.	1,067,215.
	18 Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	1,751,898.	2,160,712.
19 Revenue less expenses. Subtract line 18 from line 12	<21,478.>	<302,868.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 2,400,186.	End of Year 2,118,269.
	21 Total liabilities (Part X, line 26)	56,855.	77,806.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,343,331.	2,040,463.

Part II Signature Block

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

Sign Here	Signature of officer: <u>Dawn Darino-Gorski</u>	Date: <u>7-15-10</u>
	DAWN DARINO-GORSKI, CONTROLLER Type or print name and title	
Paid Preparer's Use Only	Preparer's signature: <u>Immanuel J. Chico</u>	Date: <u>7/5/10</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4: O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET NEW YORK, NY 10165-3698	Check if self-employed ☐ Preparer's identifying number (see instructions): <u>P00891698</u> EIN ► <u>13-3385019</u> Phone no ► <u>212-286-2600</u>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
THE GARDEN OF DREAMS FOUNDATION (THE FOUNDATION) IS COMMITTED TO
MAKING DREAMS COME TRUE FOR KIDS IN CRISIS IN THE NEW YORK / NEW
JERSEY / CONNECTICUT TRI-STATE AREA. MADISON SQUARE GARDEN, L.P. (MSG)
IS THE SOLE MEMBER OF THE FOUNDATION. THE FOUNDATION WORKS CLOSELY
- 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.

4a (Code:) (Expenses \$ 981,602. including grants of \$ 852,356.) (Revenue \$)
EVENTS @ MSG/RCMH/TRAINING CENTER: CONSISTS PRINCIPALLY OF NONCASH
GRANTS AND OTHER DIRECT SUPPORT TO THE FOUNDATION'S LOCAL PARTNER
ORGANIZATIONS THAT WORK WITH CHILDREN FACING ENORMOUS OBSTACLES,
INCLUDING ILLNESS, ABUSE, HOMELESSNESS, HUNGER, EXTREME POVERTY AND
TRAGEDY. THE FOUNDATION SUPPORTS THE CHILDREN AND FAMILIES WHO ARE PART
OF THESE ORGANIZATIONS THROUGH SPECIAL EXPERIENCES, ALL ACCESS
BEHIND-THE-SCENES TOURS AND DREAM NIGHTS AT MADISON SQUARE GARDEN
("MSG"), RADIO CITY MUSIC HALL, FUSE, AND THE BEACON THEATRE, AS WELL
AS DREAM WEEK AND OTHER SPECIAL EVENTS AT THE TRAINING CENTER FOR MSG
SPORTS TEAMS. IN ADDITION, THE FOUNDATION SUPPORTS THESE CHILDREN AND
FAMILIES THROUGH TICKETS TO SPORTING EVENTS AND SHOWS.

4b (Code:) (Expenses \$ 130,725. including grants of \$ 68,189.) (Revenue \$)
COMMUNITY-BASED ORGANIZATION SUPPORT: CONSISTS PRINCIPALLY OF NONCASH
GRANTS AND OTHER DIRECT SUPPORT TO LOCAL COMMUNITY-BASED ORGANIZATIONS
WHICH WORK WITH CHILDREN FACING ABUSE, HOMELESSNESS, HUNGER, EXTREME
POVERTY AND TRAGEDY. THE FOUNDATION SUPPORTS THE CHILDREN AND FAMILIES
WHO ARE PART OF THESE ORGANIZATIONS THROUGH SPECIAL EXPERIENCES SUCH AS
THE MSG CLASSROOM AND NY SHOW KIDS PROGRAMS, ROOM REFURBISHMENTS AT
COMMUNITY ORGANIZATION FACILITIES, A HOLIDAY PARTY AT MSG, AND THROUGH
ONE-ON-ONE INTERACTIONS WITH PLAYERS AND STAFF AT VARIOUS COMMUNITY
ORGANIZATIONS. IN ADDITION, THE FOUNDATION SUPPORTS THESE CHILDREN AND
FAMILIES THROUGH DONATIONS OF CLOTHING, TOYS, SCHOOL SUPPLIES AND
HOUSEHOLD ITEMS COLLECTED BY THE FOUNDATION.

4c (Code:) (Expenses \$ 122,143. including grants of \$ 67,870.) (Revenue \$)
HOSPITAL SUPPORT: CONSISTS PRINCIPALLY OF NONCASH GRANTS AND OTHER
DIRECT SUPPORT TO THE FOUNDATION'S LOCAL PARTNER ORGANIZATIONS THAT
WORK WITH CHILDREN FACING SERIOUS AND LIFE-THREATENING ILLNESSES. THE
FOUNDATION SUPPORTS THE CHILDREN AND FAMILIES WHO ARE PART OF THESE
ORGANIZATIONS THROUGH SPECIAL EXPERIENCES, CATERED SUITES AND TICKETS
TO SPORTING EVENTS AND SHOWS AT MSG. OTHER HOSPITAL SUPPORT PROGRAMS OF
THE FOUNDATION INVOLVE BUILDING TOY CHESTS FOR LOCAL CHILDREN'S
HOSPITALS AND FILLING THEM WITH TOYS, GAMES, CLOTHING AND TEAM
MERCHANDISE, AND VISITS TO LOCAL CHILDREN'S HOSPITALS TO LIFT THE
SPIRITS AND HOPE OF CHILDREN BY BRINGING THE MAGIC OF MSG TO CHILDREN
TOO ILL TO TRAVEL.

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 397,111. including grants of \$ 105,082.) (Revenue \$)

4e Total program service expenses \$ 1,631,581. (Must equal Part IX, Line 25, column (B).)

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. 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>	5 N/A	
6 Did the organization maintain any donor advised funds or any 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>	6	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>	7	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>	8	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>	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14b	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>	15	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>	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23	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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. 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>	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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 Section 501(c)(3) organizations. 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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	8	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	12	
1b	Enter the number of voting members that are independent	4	
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	
7b	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:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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	
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:		
15a	a The organization's CEO, Executive Director, or top management official?		X
15b	b Other officers or key employees of the organization?	X	
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
16b	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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID**

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: **DAWN DARINO - GORSKI - 212-465-6635**
TWO PENN PLAZA, 8TH FLOOR, NEW YORK, NY 10121-0091

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 officer, director, trustee, or key employee.

(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			
MR. HANK RATNER CHAIRMAN	1.00	X		X				0.	0.	0.
MR. ROBERT POLLICHINO TREASURER	1.00	X		X				0.	0.	0.
MS. LUCINDA TREAT SECRETARY	0.50	X		X				0.	0.	0.
MR. NORMAN ESIASON DIRECTOR	0.20	X						0.	0.	0.
MR. GARY FUHRMAN DIRECTOR	0.50	X						0.	0.	0.
MR. JAY MARCIANO DIRECTOR	1.00	X						0.	0.	0.
MR. STEVE MILLS DIRECTOR	1.00	X						0.	0.	0.
MR. MATTHEW MODINE DIRECTOR	0.50	X						0.	0.	0.
MR. DREW NIEPORENT DIRECTOR	0.50	X						0.	0.	0.
MR. SCOTT O'NEIL DIRECTOR	1.00	X						0.	0.	0.
MR. BARRY WATKINS DIRECTOR	3.00	X						0.	0.	0.
MR. ERIC SHERMAN DIRECTOR	0.50	X						0.	0.	0.
MS. WHOOPI GOLDBERG DIRECTOR	0.20	X						0.	0.	0.
MR. MICHAEL BAIR DIRECTOR	1.00	X						0.	0.	0.
MS. DAWN DARINO-GORSKI CONTROLLER	6.00			X				0.	0.	0.

Part VII

1b Total	▶	0.	0.	0.
-----------------	---	----	----	----

0

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

NONE

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

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				
	b	Membership dues	1b				
	c	Fundraising events	1c	447,754.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,345,982.			
	g	Noncash contributions included in lines 1a-1f \$		1,096,097.			
	h	Total. Add lines 1a-1f		1793736.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			9,028.		9,028.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 447,754. of contributions reported on line 1c). See Part IV, line 18	a	229886.			
	b	Less: direct expenses	b	205273.			
	c	Net income or (loss) from fundraising events		24,613.		24,613.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a	31,721.			
	b	Less: direct expenses	b	1,254.			
	c	Net income or (loss) from gaming activities		30,467.		30,467.	
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			1857844.	0.	0.	64,108.

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 8b, 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	1,093,497.	1,093,497.		
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				
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	35,951.		35,951.	
c Accounting	70,200.		70,200.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	6,700.	4,020.	1,675.	1,005.
12 Advertising and promotion	107,885.		107,885.	
13 Office expenses	30,962.	18,007.	3,120.	9,835.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,213.	8,473.	740.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,537.	1,537.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,991.		17,991.	
23 Insurance	8,801.		8,801.	
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 FACILITY AND SERVICE FE	456,000.	202,000.	211,000.	43,000.
b DIRECT PROGRAM EXPENSES	289,240.	289,240.		
c EVENT COSTS	17,878.	11,257.		6,621.
d PURCHASES	10,358.			10,358.
e MISCELLANEOUS	949.		649.	300.
f All other expenses	3,550.	3,550.		
25 Total functional expenses. Add lines 1 through 24f	2,160,712.	1,631,581.	458,012.	71,119.
26 Joint Costs. Check here ☐ 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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,290,620.	2	1,957,934.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	54,116.	4	95,819.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	27,450.	9	38,012.
	10a Land, buildings, and equipment: cost basis	10a 44,495.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 17,991.	28,000.	10c 26,504.
	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 Total assets. Add lines 1 through 15 (must equal line 34)	2,400,186.	16	2,118,269.	
Liabilities	17 Accounts payable and accrued expenses	44,664.	17	59,340.
	18 Grants payable		18	
	19 Deferred revenue	12,191.	19	18,466.
	20 Tax-exempt bond liabilities		20	
	21 Escrow 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		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	56,855.	26	77,806.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,343,331.	27	2,040,463.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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 Total net assets or fund balances	2,343,331.	33	2,040,463.
	34 Total liabilities and net assets/fund balances	2,400,186.	34	2,118,269.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?		X
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

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.

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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]

Schedule A (Form 990 or 990-EZ) 2008

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.")	948,176.	2,061,241.	1,441,097.	1,674,533.	1,793,736.	7,918,783.
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	948,176.	2,061,241.	1,441,097.	1,674,533.	1,793,736.	7,918,783.
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)						1,561,892.
6 Public Support. Subtract line 5 from line 4						6,356,891.

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	948,176.	2,061,241.	1,441,097.	1,674,533.	1,793,736.	7,918,783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,821.	100,717.	106,530.	57,566.	9,028.	320,662.
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.)						
11 Total support. Add lines 7 through 10						8,239,445.
12 Gross receipts from related activities, etc. (see instructions)					12	1,102,855.

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	77.15	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	66.50	%
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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

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Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726**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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-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 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 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

9 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.

1a 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.

b 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	▶ \$ _____

2 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 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 Trust, 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:

	Amount
1c	
1d	
1e	
1f	

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

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 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 Investment earnings or 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(ii), 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	44,495.		17,991.	26,504.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				26,504.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,857,844.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,160,712.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<302,868.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<302,868.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,064,371.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	206,527.
e	Add lines 2a through 2d	2e	206,527.
3	Subtract line 2e from line 1	3	1,857,844.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,857,844.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,367,239.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	206,527.
e	Add lines 2a through 2d	2e	206,527.
3	Subtract line 2e from line 1	3	2,160,712.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,160,712.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

THE OTHER RECONCILING AMOUNTS ABOVE IN PART XII, LINE 2D AND PART XIII,

LINE 2D WERE DIRECT EXPENSES FROM SPECIAL EVENTS.

Department of the Treasury
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008
Open To Public
Inspection

Employer identification number
13-3979726

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))	
		KNICKS BOWL (event type)	RANGERS CASINO NIGHT (event type)	4 (total number)		
Revenue	1	Gross receipts	256,775.	348,190.	72,675.	677,640.
	2	Less: Charitable contributions	211,689.	223,700.	12,365.	447,754.
	3	Gross revenue (line 1 minus line 2)	45,086.	124,490.	60,310.	229,886.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	86,046.	118,511.	716.	205,273.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				205,273.
	9	Net income summary. Combine lines 3 and 8 in column (d)				24,613.

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))	
		1	Gross revenue			31,721.
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes			702.	702.
	4	Rent/facility costs				
	5	Other direct expenses			552.	552.
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				1,254.	
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				30,467.	

9 Enter the state(s) in which the organization operates gaming activities: NY

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?

	Yes	No
9a	X	
10a		X
11		X
12		X

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** 100.00 %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:Name ► STEPHANIE PETILLOAddress ► 2 PENN PLAZA, 8TH FLOOR - NEW YORK, NY 10121**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.**c** If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a**

X

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC GUARDIAN SOCIETY AND HOME BUREAU - 1011 FIRST AVENUE - NEW YORK, NY 10022	13-5562186	501(C)(3)	0.	22,393.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
THE CHILDREN'S AID SOCIETY 105 EAST 22ND STREET NEW YORK, NY 10010	13-5562191	501(C)(3)	0.	106,765.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
THE CHILDREN'S VILLAGE 1 ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	0.	47,347.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013-1590	13-2612524	501(C)(3)	0.	13,243.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION - 360 ESSEX STREET, SUITE 301 - HACKENSACK, NJ 07601-8556	22-2339534	501(C)(3)	0.	11,212.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
HARLEM DOWLING, WEST SIDE CENTER FOR CHILDREN & FAMILY SERVICES - 2090 ADAM CLAYTON POWELL, JR. BLVD. - NEW YORK, NY 10027	13-3030378	501(C)(3)	0.	32,918.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'

2 Enter total number of section 501(c)(3) and government organizations

41.

3 Enter total number of other organizations

1.

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

Schedule I (Form 990) 2008

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE CENTER 33 BEAVER STREET, 1746A NEW YORK, NY 10004	13-6400434	501(C)(3)	0.	76,548.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
LOISAIDA INC. 12 AVENUE D NEW YORK, NY 10009	13-3023183	501(C)(3)	0.	58,059.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MAKE-A-WISH FOUNDATION OF CONNECTICUT, INC. - 126 MONROE TURNPIKE - TRUMBULL, CT 06611	22-2710919	501(C)(3)	0.	7,460.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MAKE-A-WISH FOUNDATION OF HUDSON VALLEY - 828 SOUTH BROADWAY - TARRYTOWN, NY 10591	13-3344306	501(C)(3)	0.	34,909.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MAKE-A-WISH FOUNDATION OF METRO NEW YORK, INC. - 11 MARCUS AVENUE SUITE L122 - LAKE SUCCESS, NY 11042	11-2645641	501(C)(3)	0.	5,630.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MAKE-A-WISH FOUNDATION OF NEW JERSEY - 1034 SALEM ROAD - UNION, NJ 07083-7058	22-2488495	501(C)(3)	0.	13,660.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MAKE-A-WISH FOUNDATION OF SUFFOLK COUNTY, NY, INC. - 1 COMAC LOOP, SUITE 1A1 - RONKONKOMA, NY 11779	11-2666969	501(C)(3)	0.	21,260.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MARIA FARERI CHILDREN'S HOSPITAL 100 WOODS ROAD, ROOM 3512 VALHALLA, NY 10595	13-4095845	501(C)(3)	0.	7,410.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASPETH TOWN HALL 53-37 72ND STREET MASPETH, NY 11378	23-7259702	501(C)(3)	0.	49,605.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MEDGAR EVERS COLLEGE (MS2) 1150 CARROLL STREET BROOKLYN, NY 11225	11-2561640	501(C)(3)	0.	39,513.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
MOUNT SINAI HOSPITAL 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029-6574	13-1624096	501(C)(3)	0.	7,640.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
NYPD WIDOWS AND CHILDREN'S FUND 40 FULTON STREET NEW YORK, NY 10038	13-2949036	501(C)(3)	0.	7,900.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
RONALD McDONALD HOUSE OF NEW YORK, INC. - 405 EAST 73RD STREET - NEW YORK, NY 10021	13-2933654	501(C)(3)	0.	35,644.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
SCO FAMILY OF SERVICES ONE ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	0.	8,869.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
NEW YORK CITY SPORTS COMMISSION 810 SEVENTH AVENUE NEW YORK, NY 10019	13-5531178	501(C)(6)	0.	19,367.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
STARLIGHT STARBRIGHT CHILDREN'S FOUNDATION - 1560 BROADWAY, SUITE 600 - NEW YORK, NY 10036	13-3442216	501(C)(3)	0.	22,164.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AFTER SCHOOL CORPORATION 1440 BROADWAY, 16TH FLOOR NEW YORK, NY 10018	13-4004600	501(C)(3)	0.	350,060.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORPORATION (WHEDCO) - 50 EAST 168TH ST - BRONX, NY 10452	11-3099604	501(C)(3)	0.	20,891.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
ST. NICHOLAS ALLIANCE 790 BROADWAY, 2ND FLOOR BROOKLYN, NY 11206	51-0192170	501(C)(3)	0.	10,851.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
NYU MEDICAL CENTER 400 EAST 34TH STREET, RG-34 NEW YORK, NY 10016	13-3971298	501(C)(3)	0.	5,463.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG; ITEMS FROM DRIVES	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'
SPORTS & ARTS IN SCHOOLS FOUNDATION - 5812 QUEENS BLVD - WOODSIDE, NY 11377	11-3112635	501(C)(3)	0.	44,519.	FAIR MARKET VALUE	TICKETS TO EVENTS AT MSG	TO FULFILL GDF'S MISSION TO 'MAKE DREAMS COME TRUE FOR KIDS IN CRISIS.'

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**NonCash Contributions**► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number

13-3979726

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				
5 Clothing and household goods	X		71,774.	FAIR VALUE
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 ► (TICKETS)	X	20,831	930,469.	FAIR VALUE
26 Other ► (GIFT BAGS)	X	820	49,200.	FAIR VALUE
27 Other ► (TOYS)	X	1,791	31,581.	FAIR VALUE
28 Other ► (FOOD VOUCHERS)	X	820	5,330.	FAIR VALUE

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

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.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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.

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

SCHOOL SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1893

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5143.

(D) METHOD OF DETERMINING REVENUE: FAIR VALUE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

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

WITH ALL AREAS OF MSG (INCLUDING THE NEW YORK KNICKS, THE NEW YORK RANGERS, THE NEW YORK LIBERTY, MSG MEDIA, MSG ENTERTAINMENT AND FUSE) TO BUILD MEANINGFUL, UNFORGETTABLE PROGRAMS FOR CHILDREN AFFILIATED WITH THE FOUNDATION'S LOCAL PARTNER ORGANIZATIONS.

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

CONSISTS PRINCIPALLY OF NONCASH GRANTS AND OTHER DIRECT SUPPORT OF WISH FULFILLMENT ORGANIZATIONS, PRIMARILY TICKETS AND SUITES FOR SPORTING EVENTS AND SHOWS; FULFILLMENT OF OPPORTUNISTIC NEEDS, SUCH AS GIFTS AND SPECIAL EXPERIENCES FOR CHILDREN AND FAMILIES STRUCK BY SUDDEN TRAGEDY OR LOSS; DONATIONS OF GOODY BAGS, TEAM MERCHANDISE AND OTHER GIFTS COMMEMORATING SPECIAL EXPERIENCES FOR CHILDREN AND FAMILIES PARTICIPATING IN THE FOUNDATION'S PROGRAMS; SHIPPING OF TICKETS TO RECIPIENT ORGANIZATIONS; AND THE PROGRAM SERVICE PORTION OF THE ADMINISTRATIVE SERVICE FEE FOR THE FOUNDATION'S SUPPORTING STAFF. EXPENSES \$ 397111. INCLUDING GRANTS OF \$ 105082. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: MADISON SQUARE GARDEN, L.P. (MSG) IS THE SOLE MEMBER OF THE GARDEN OF DREAMS FOUNDATION. DURING THE 2009 TAX YEAR, MSG WAS A WHOLLY OWNED SUBSIDIARY OF CABLEVISION SYSTEMS CORPORATION (CSC). THE FOLLOWING DIRECTORS/OFFICER OF THE FOUNDATION WERE EMPLOYEES OF EITHER MSG OR CSC DURING THE 2009 TAX YEAR: HANK RATNER, BOB POLLICHINO, LUCINDA TREAT, MICHAEL BAIR, JAY MARCIANO, SCOTT O'NEIL, STEVE MILLS, ERIC SHERMAN, BARRY WATKINS AND DAWN DARINO-GORSKI.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

FORM 990, PART VI, SECTION A, LINE 6: MADISON SQUARE GARDEN, L.P. IS THE
SOLE MEMBER OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: MADISON SQUARE GARDEN, L.P. IS THE
SOLE MEMBER OF THE FOUNDATION AND IS ENTITLED TO DECIDE ALL MATTERS
REGARDING THE FOLLOWING: (I) ANY ADOPTION, AMENDMENT OR REPEAL OF A BYLAW;
(II) ANY AMENDMENT, MODIFICATION OR REPEAL OF THE STATED PURPOSE OF THE
FOUNDATION AS SET FORTH IN THE CERTIFICATE OF INCORPORATION; AND (III) ANY
PROPOSED SLATE OF BOARD OF DIRECTORS TO FILL VACANCIES AS THEY MAY OCCUR
FROM TIME TO TIME.

FORM 990, PART VI, SECTION A, LINE 7B: MADISON SQUARE GARDEN, L.P. IS THE
SOLE MEMBER OF THE FOUNDATION AND IS ENTITLED TO DECIDE ALL MATTERS
REGARDING THE FOLLOWING: (I) ANY ADOPTION, AMENDMENT OR REPEAL OF A BYLAW;
(II) ANY AMENDMENT, MODIFICATION OR REPEAL OF THE STATED PURPOSE OF THE
FOUNDATION AS SET FORTH IN THE CERTIFICATE OF INCORPORATION; AND (III) ANY
PROPOSED SLATE OF BOARD OF DIRECTORS TO FILL VACANCIES AS THEY MAY OCCUR
FROM TIME TO TIME.

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES AUTHORIZED
TO ACT ON BEHALF OF THE FOUNDATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 10: A CPA FIRM PREPARES GARDEN OF
DREAMS' FORM 990, WITH INPUT FROM THE ORGANIZATION'S FINANCE, LEGAL AND
PROGRAMMING SUPPORT STAFF. THE FINANCE SUPPORT STAFF COMPARES THE FORM 990
TO THE INDEPENDENTLY AUDITED ANNUAL FINANCIAL STATEMENTS FOR THE FISCAL

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

YEAR. THE ORGANIZATION'S CONTROLLER REVIEWS THE FORM 990. THE CONTROLLER REVIEWS THE FORM 990 WITH THE TREASURER, WHO, AS A REPRESENTATIVE OF THE BOARD, HAS THE AUTHORITY TO REPORT BACK TO THE BOARD AS A WHOLE.

FOR THE FISCAL YEAR ENDED AUGUST 31, 2010, THE ORGANIZATION WILL DISTRIBUTE THE FORM 990 ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO FILING, WITH INSTRUCTIONS TO REVIEW AND REPORT ANY QUESTIONS OR CONCERNS TO THE CONTROLLER.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR, THE FOUNDATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY TO EACH OFFICER AND DIRECTOR AND A MEMBER OF THE MSG LEGAL DEPARTMENT EXPLAINS THE POLICY TO BOARD OF DIRECTORS. THE FOUNDATION ALSO REQUIRES EACH DIRECTOR TO FILL OUT A CONFLICT OF INTEREST DISCLOSURE STATEMENT WHICH ENABLES THE FOUNDATION TO MONITOR COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION DOES NOT DIRECTLY COMPENSATE ANY OFFICERS, DIRECTORS OR MANAGEMENT OFFICIALS. THE FOUNDATION PAYS TO MSG AN ANNUAL SUPPORT FEE FOR SERVICES PROVIDED TO THE FOUNDATION BY MSG, WHICH SERVICES INCLUDE THE SERVICES OF MSG EMPLOYEES TO THE FOUNDATION. THE FOUNDATION'S BOARD OF DIRECTORS REVIEWS THE SUPPORT FEE ON AN ANNUAL BASIS. THE FOUNDATION ALSO REIMBURSED CERTAIN MSG EMPLOYEES IN THE NORMAL COURSE OF BUSINESS FOR EXPENDITURES MADE ON THE FOUNDATION'S BEHALF.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008
Open to Public
Inspection

Name of the organization

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MT
NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS - GARDEN OF
DREAMS MAKES ITS ANNUAL AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE
PUBLIC. THE FOLLOWING INSTRUCTIONS ARE POSTED ON THE ORGANIZATION'S
WEBSITE, GARDENOFDREAMSFOUNDATION.ORG: A COPY OF THE FOUNDATION'S ANNUAL
REPORT CAN BE OBTAINED, UPON REQUEST, FROM GARDEN OF DREAMS FOUNDATION, 2
PENN PLAZA, 14TH FLOOR, NY, NY 10121 OR FROM THE OFFICE OF THE ATTORNEY
GENERAL, CHARITIES BUREAU, 120 BROADWAY, NY, NY 10271. IN ADDITION, THE
ANNUAL AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON PUBLIC
WEBSITE GUIDESTAR.ORG.

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE
PUBLIC UPON WRITTEN REQUEST.

GARDEN OF DREAMS FOUNDATION (GDF)

Employer identification number
13-3979726

[illegible][illegible]

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**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 (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.

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

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 ► ☒
 - 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	Name of Exempt Organization	Employer identification number
	GARDEN OF DREAMS FOUNDATION (GDF)	13-3979726
	Number, street, and room or suite no. If a P.O. box, see instructions. TWO PENN PLAZA, 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10121-0091	

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 |

DAWN DARINO - GORSKI

- The books are in the care of ► **TWO PENN PLAZA, 8TH FLOOR, NEW YORK, NY - 10121-0091**
Telephone No. ► **212-465-6635** 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 **APRIL 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 **SEP 1, 2008**, and ending **AUG 31, 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	Employer identification number
	GARDEN OF DREAMS FOUNDATION	13-3979726
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	TWO PENN PLAZA, 8TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10121-0091	

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.

GARDEN OF DREAMS FOUNDATION

- The books are in the care of **TWO PENN PLAZA, 8TH FLOOR, NEW YORK, NY - 10121-0091**

Telephone No. **212-465-6635**

FAX No. **212-465-6635**

- 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) **0000**. 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 **JULY 15, 2010**

5 For calendar year **2008**, or other tax year beginning **SEP 1, 2008**, and ending **AUG 31, 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 ACCUMULATE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE 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 **Danakus** Title **CPA**

Date **4/7/2010**

Form 8868 (Rev. 4-2009)