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Form **990-EZ**

Short 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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

A For 2009 calendar year, or tax year beginning, 2009, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization DREAM FOR DESTINY		D Employer identification number 06-1726429
		Number & street (or P O box, if mail is not delivered to street addr) <small>Room/suite</small> 212 DUBOIS ROAD		E Telephone number (607) 271-9316
		City or town, state or country, and ZIP + 4 Ithaca NY 14850		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: ▶ N/A

H Check if organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

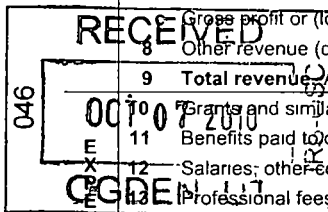
J Tax-exempt status (check only one) -- 501(c)(3) (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 18,095

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	18,095
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
6c	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	18,095	
10	Grants and similar amounts paid (attach schedule) #1	10	2,650	
11	Benefits paid to or for members	11		
12	Salaries; other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13	13,085	
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe ▶ See attachment #2)	16	3,557	
17	Total expenses Add lines 10 through 16	17	19,292	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,197	
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,679
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	1,482



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	2,679	22 1,482
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	Total assets	2,679	25 1,482
26	Total liabilities (describe ▶ _____)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,679	27 1,482

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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

		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? 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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	40e	X
41	List the states with which a copy of this return is filed		NY
42a	The organization's books are in care of	See attachment #5	Telephone no
	Located at		ZIP + 4
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)?		X
	If "Yes," enter the name of the foreign country		
	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?	42c	X
	If "Yes," enter the name of the foreign country		
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	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		X

50 Complete this table for the organization's 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"

(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
See attachment #6				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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
See attachment #7		

d 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: *Robert Jewell* Date: 10-4-2010

ROBERT JEWELL SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *Melanie J. French CPA* 9/29/10 Check if self-employed: Preparer's identifying no. (See instr.): P00341719

Firm's name (or yours if self-employed), address and ZIP + 4: MELANIE J FRENCH, CPA
130 Ranch Trail West
Buffalo, NY 14221-0000

EIN: 54-2104740 Phone no: 716-689-1918

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

Open to Public Inspection

Name of the organization

DREAM FOR DESTINY

Employer identification number

06-1726429

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 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).
- 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	38451	65179	56667	44735	18095	223127
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 through 5	38451	65179	56667	44735	18095	223127
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 \$5,000 or 1% of the amount on line 13 for the year	23850	53150	23850	30800	9395	141045
c Add lines 7a and 7b	23850	53150	23850	30800	9395	141045
8 Public support (Subtract line 7c from line 6)						82082

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	38451	65179	56667	44735	18095	223127
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)	38451	65179	56667	44735	18095	223127

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 2009 (line 8, column (f) divided by line 13, column (f))	15	36.79 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

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

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

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

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection

For Calendar year 2009, or tax year period beginning and ending
 Name of Organization: DREAM FOR DESTINY
 Employer Identification Number: 06-1726429

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	SARAH HEDOIRE	50	
	' ' GRACE MCKINNEY-HILL	2,400	
	' ' LOU & THELMA GOZLETH	200	
		2,650	
Relationship	Description of Property	Book Value	How Book Value is Determined
		50	
		2,400	
		200	
	Total	2,650	How FMV is Determined
			Date of Gift

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection For calendar year 2009 or tax period beginning , and ending

Name of Organization DREAM FOR DESTINY Employer Identification Number 06-1726429

Description of Other Expenses	Amount
BANK FEES, PO BOX RENTAL, POSTAGE	149
TRAVEL EXPENSE	3,408

Total 3,557

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____	
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 4,406

Exempt Purpose Achievements

CHRITIAN LEADERSHIP DEVELOPMENT Training Program, for 80 individuals, various countries. Focus was basic Christian leadership. In Taipei Taiwan & Malaga Spain.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 2 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____		
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	1,893
Exempt Purpose Achievements			

TRAINING SEMINARS FOR CHRISTIAN LEADERS 2 five day seminars for Christian leaders in Spain. Three 3 day seminars in Spain and Orland FL, 147 total participants.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 3 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____		
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	2,852
Exempt Purpose Achievements			

TRAINING FOR CHURCHES Basic lay leadership principles for six Churches in Portugal, Spain, Elmira & Corning NY & Westfield PA, 535 Participants.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 4 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning _____, and ending _____		
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	<i>Amount includes foreign grants</i>	Program service expenses	6,214
Exempt Purpose Achievements			
ORGANIZE & LEAD RETREATS FOR CHRISTIAN LEADERS In Spain, Hong Kong & USA, 102 participants total.			

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 3: page 5 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses
		1,129
Exempt Purpose Achievements		
MISSION OUTREACHES Help organize and lead mission outreaches in Spain, including cultural programs and internatioanl performers, total of 20 days.		

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending			
Name of Organization			Employer Identification Number	
DREAM FOR DESTINY			06-1726429	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
GARY MCKINNEY Elmira Heights, NY 14903	PRESIDENT 0.00	0	0	0
PHIL MCKINNEY Elmira Heights, NY 14903	VICE PRESIDENT 0.00	0	0	0
ROBERT JEWELL Ithaca, NY 14850	SECRETARY 0.00	0	0	0
KURT HEISEY Westfield, PA 16950	TREASURER 0.00	0	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429
Part V - Line 42a		

Individual Name JOAN SANTULLI
or
Business Name

Street Address 43 CALIFORNIA AVE

U S Address
Zip code 14903 City Elmira Heights State NY

Foreign Address
City _____
Province or State _____
Country _____
Postal code _____
Phone Number (607) 733-8591
Fax Number _____

FIVE HIGHEST COMPENSATED EMPLOYEES

Attachment 6: page 1 Schedule A Page 1, Part I

Open to Public Inspection For calendar year 2009 or tax period beginning , and ending

Name of Organization DREAM FOR DESTINY Employer Identification Number 06-1726429

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
N/A		0	0	0

FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 7: page 1 Form 990-EZ Page 4, Part VI

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization DREAM FOR DESTINY		Employer Identification Number 06-1726429

Part VI Five Highest Compensated Independent Contractors		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		0