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SCANNED AUG 1 9 2011

Form **990**

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

A I	or the	2010 calendar year, or tax year beginning and	ending				
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres change	AMERICAN DREAM FOUNDATION					
Ē	Name change	Doing Business As	31-1	642351			
]Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Termin- ated	2555 MIRKITSON ELVE #101			621-0904		
<u>_</u>	Amend	City or town, state or country, and ZiF + 4		G Gross receipts \$	154,194.		
<u> </u>	Application pending	OGDENY OF OTTOO		H(a) is this a group re			
	•	F Name and address of principal officer: JOHN A. GULLO 2955 HARRISON BLVD STE 101, OGDEN, UT	8440	for affiliates? 3 H(b) Are all affiliates inc	Yes X No		
_	<u> </u>	mpt status: X 501(c)(3)			luded? Yes No		
		$\begin{array}{c c} \text{mpt status:} \text{(insert no)} \text{(insert no)}$	01 32	H(c) Group exemptio			
		organization X Corporation Trust Association Other	L Yea		State of legal domicile UT		
		Summary	1 =				
		Briefly describe the organization's mission or most significant activities: TO A	SSIST	IN THE PERS	ONAL AND		
Activities & Governance]	ECONOMIC IMPROVEMENT AND DEVELOPMENT OF	DISAD	VANTAGED IND	IVIDUALS.		
rua	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	re than 25% of its net as			
o Ve	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	3		
ಶ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	•	4	3		
es		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	•	5	0		
ξ	1 -	Total number of volunteers (estimate if necessary)		6	0		
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		Prior Year			
Revenue		Contributions and grants (Part VIII, line 1h)	-	149,686.	Current Year 68,148.		
	1	Program service revenue (Part VIII, line 2g)		0.	0.		
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-131,034.	4,449.		
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,318.	6,878.			
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,334.	79,475.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		104,974.	80,324.		
	14 !	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
χĎ	b.	Total fundraising expenses (Part IX, column (D), line 25)	0.	20 070	70 570		
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		38,979. 143,953.	72,578. 152,902.		
		Total expenses. Add lines 13-17 (must equal Part X corumn (A), ine 25)	-	-129,619.	-73,427 .		
7 6	19	Revenue less expenses. Subtract line 18 rom-line 15-CETVE()					
Net Assets or	20	Total assets (Part X, line 16)	-	seginning of Current Year 385,637.	312,210.		
ASS	21	Total labilities (Part X, line 16) Total liabilities (Part X, line 26) AUG 1 0 2011		0.	0.		
E SE	22	Net assets or fund balances. Subtract line 21 ffor ime 20 a 1		385,637.	312,210.		
	art II			-			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge			
				Data P	7-4		
Sig		Signature of officer		Date			
He	re	JOHN A. GULLO, TRUSTEE Type or print name and title	· <u> </u>				
_			11	Date Check	PTIN		
Pai	ď	Print/Type preparer's name HARLAN P. SCHMITT, CPA Preparer's righature for the common state of the commo	8-2-// self-employ				
	parer	Firm's name SCHMITT, GRIFFITHS, SMITH & CO.		Firm's EIN			
	Only	Firm's address 5929 S FASHION POINTE DR., STE	300		· · · · · · · · · · · · · · · · · · ·		
_		OGDEN, UT 84403		Phone no (801)621-1575		
Ma	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
022	001 02 2	2-11 HA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2010)		

	rt IV Checklist of Required Schedules	<u> </u>	<u></u>	age 3
<u> </u>	`		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- 1		
	Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ _v
_	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l .
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a		
Ь	• • • • • • • • • • • • • • • • • • • •	444		X
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
46	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		-
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
10	·			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
15	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
eva	If the organization operate one of more hospitals? If the complete of the return? Note Some Form 900 filers that	200		

operate one or more hospitals must attach audited financial statements (see instructions)

20b

+ 14-7	tt one diameter and a second an			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	١	v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			17
	Schedule J	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? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25	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		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part 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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			.,
	Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		}	
	instructions for applicable filing thresholds, conditions, and exceptions):			٠,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ. <u>. </u>	Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			J.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity?			l v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Λ_
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	Ь.

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
•	(gambling) winnings to prize winners?	1c		
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		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
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)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	↓	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Ь—	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		
	any contributions that were not tax deductible?	6a	ــــــ	X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		—
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	}		١.,
	to file Form 8282?	7c	 	X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	┥_	1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	┼	X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	+	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		 ▲
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			v
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	X
9	Sponsoring organizations maintaining donor advised funds.			Х
а	Did the organization make any taxable distributions under section 4966?	9a	┼──	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	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. Gross income from members or shareholders			
a		-		
b				1
40	amounts due or received from them.)		•	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes " enter the amount of tax-exempt interest received or accrued during the year 12b	120	+	
`	100, 0110 110 110 110 110 110 110 110 11	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	+	+
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	138	1	1
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			1
^	Enter the amount of reserves on hand	7		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Q. See instructions.

•	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	3		
Ь	Enter the number of voting members included in line 1a, above, who are independent	3		
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?	2	X	L
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a_		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		_	
·	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	_	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	1
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	·	х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		,	
•	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b]
Sec	tion C. Disclosure	1		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	nd fina	ncial	
15	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.	ation:	•	
	JOHN A. GULLO - 801-399-2111			
	2955 HARRISON BLVD #101, OGDEN, UT 84403			

	(2010)	

AMERICAN DREAM FOUNDATION

31-1642351

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any related	orga	aniza	ation	cor	mpei	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average		Position		Reportable	Reportable	Estimated				
	hours per week (describe hours for	\vdash		call	ľ	app		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	
	related organizations in Schedule O)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
JOHN A. GULLO											
TRUSTEE	20.00	X	<u> </u>	X				0.	0.	0.	
KAREN S. GULLO TRUSTEE	10.00	x						0.	0.	0.	
HARLAN P. SCHMITT											
TRUSTEE	2.00	X	L		L	L	L	0.	0.	0.	
		<u> </u>									
					-						
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		+		\dagger	\vdash						
		+		+	-						

Part VII Section A. Officers, Directors, Tru	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest							it Compensated Employees (continued)					
· (A)	(B)	(B) (C)				(D)	(E)	(F)					
Name and title	Average			Pos				Reportable	Reportable	Estimated			
	hours per	(c	neck	k all	that	apply)		compensation	compensation	amount of			
	week (describe	₽						from	from related	other			
	(describe hours for	Individual trustee or director				, E		the	organizations	compensation			
	related	88	\$\$		İ	rst St		organization (W-2/1099-MISC)	(W-2/1099-MISC)				
	organizations	Tage	를		8	E I		(44-2/1099-141130)		organization and related			
	ın Schedule	lgna	Institutional trustee	늉	Кеу етріоуве	2 S	نة			organizations			
	O)	μĒ	<u>\$</u>	Officer	ş	Highest compensated employee	Former						
					-								
					<u>L</u>								
		_	<u> </u>		_								
	<u> </u>	-	ļ										
		ŀ											
			<u> </u>	-	-	-							
			├-			-							
1b Sub-total	<u> </u>		·	I			1	0.	0	. 0.			
c Total from continuation sheets to Part VI	II, Section A					\blacktriangleright		0.	0	0.			
d Total (add lines 1b and 1c)						>		0.	C	0.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wł	no re	eceived more than \$100	0,000 in reportable	_			
compensation from the organization										0			
_										Yes No			
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on	3 X			
line 1a? If "Yes," complete Schedule J for s					_4		J _41	har composation from	the erossization	3 X			
4 For any individual listed on line 1a, is the st and related organizations greater than \$15									the organization	4 X			
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes," com							o.u.	or organization or more	1000011000	5 X			
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compe	ensation from			
the organization. NONE													
(A) Name and business	address						-	(B) Description of s	services	(C) Compensation			
- Name and business	, 4441033			-			-	- Description of a		50p0110011011			
							_						
	·												
2 Total number of independent contractors ((including but i	not i	ımıte	ed to	the	ose li	stec	d above) who received r	nore than				
\$100,000 in compensation from the organ						0							
										Form 990 (2010			

Pa	rt VII	Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Tan Mu		Membership dues	1b					
s, g	С	Fundraising events	1c					
gift ar		Related organizations	1d					
S.E	е	Government grants (contribut	ions) 1e					
tio sr s	f	All other contributions, gifts, gran	ts, and					
혈		similar amounts not included abo	ve 1f	68,148.				
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in lines	1a-1f \$		60 140			
0 8	<u>h</u>	Total. Add lines 1a-1f		▶	68,148.		•••	***************************************
1				Business Code				
ا <u>ز</u> و	2 a							
le g	Ь							
Program Service Revenue	C							
Pag Be	d							
۳ ا	e f	All other program service reve	enue					
ŀ		Total. Add lines 2a-2f	,,,,,,					
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)	-	▶	5,641.			5,641.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		•				
			(i) Real	(II) Personal				
	6 a	Gross Rents	10,900.					
	b	•	4,022.					
- 1	С	, ,	6,878.		6,878.			6 070
		Net rental income or (loss)		>	0,0/0.			6,878.
ļ	7 a	Gross amount from sales of	(i) Securities 69,505.	(II) Other				
		assets other than inventory	09,303.					
	D	Less: cost or other basis and sales expenses	70,697.					
	_	Gain or (loss)	-1,192.					
i		Net gain or (loss)		•	-1,192.		•	-1,192.
ne		Gross income from fundraisin						······································
Other Revenue		including \$ contributions reported on line						
8		Part IV, line 18	a (c). See					
le l	h	Less: direct expenses	b	-			:	
0		Net income or (loss) from fund		•				
		Gross income from gaming a	-					
		Part IV, line 19	а					
	t	Less: direct expenses	b					
	c	Net income or (loss) from gan	ning activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less: cost of goods sold	b	L				
		Net income or (loss) from sale		<u>_</u>				
		Miscellaneous Revenu	ue	Business Code				
	11 8			-				
	ı t	<u> </u>						
		d All other revenue		-				
	,	Total. Add lines 11a-11d		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	12	Total revenue. See instructions		>	79,475.	0.	0.	11,327.
0320	9					•		Form 990 (2010)

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).							
	not include amounts reported on lines 6b, 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	80,324.	80,324.					
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)	Í						
	and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroli taxes							
11	Fees for services (non-employees):			0 170				
а	Management	2,170.		2,170.				
b	Legal	380.						
C	Accounting	2,021.		2,021.				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
9	Other	***						
12	Advertising and promotion	7,279.		7,279.				
13	Office expenses .	1,596.		1,596.				
14	Information technology							
15	Royalties		<u> </u>					
16	Occupancy	98.		98.				
17	Travel							
18	Payments of travel or entertainment expenses	Ì						
	for any federal, state, or local public officials	104		124				
19	Conferences, conventions, and meetings	124.		124.				
20	Interest .							
21	Payments to affiliates	450	470					
22	Depreciation, depletion, and amortization	479.	479.	201				
23	Insurance	201.		201.				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line							
	24f amount exceeds 10% of line 25, column (A)							
	amount, list line 24f expenses on Schedule 0)	5.6 20.4	56,294.					
а	SPECIAL EVENTS	56,294.	30,294.	1 262				
b		1,363. 159.		1,363.				
C			* **	125.				
d		125. 110.		110.				
е		179.		179.				
f		152,902.	137,097.	15,805.	0.			
25	Total functional expenses. Add lines 1 through 24f	152,902.	131,031.	13,003.	0.			
26	Joint costs. Check here Jif following SOP							
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a							
	combined educational campaign and fundraising solicitation			<u> </u>				
					Form 990 (2010)			

Par	t X	Balance Sheet			
	`		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,786.	1	16,571.
	2	Savings and temporary cash investments	281,319.	2	199,708.
	3	Pledges and grants receivable, net		3	900.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	·	6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges		9	
	10a				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 131,667. 10b 36,636.			
	b	Less: accumulated depreciation 10b 36,636.	99,532.	10c	95,031.
	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	<u> </u>
	15	Other assets. See Part IV, line 11		15	010 010
	16	Total assets. Add lines 1 through 15 (must equal line 34)	385,637.	16	312,210.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
i	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.	205 627		212 210
anc	27	Unrestricted net assets	385,637.	r -	312,210
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here			
ō		complete lines 30 through 34.		-	
sets	30	Capital stock or trust principal, or current funds	<u> </u>	30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	385,637.	32	212 210
_	33	Total net assets or fund balances	385,637.		312,210 312,210
	34	Total liabilities and net assets/fund balances	303,037.	34	Form 990 (2010

orn	n 990 (2010) AMERICAN DREAM FOUNDATION	31-164	2351	Pag	<u>je 12</u>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	79	, 4	75. 02.
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	385	, 6	37.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	312	2,2	10.
Pa	rt XII Financial Statements and Reporting				
_	Check if Schedule O contains a response to any question in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		- 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		- 1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit		İ	
	Act and OMB Circular A-133?		_3a		<u>X</u>
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2010)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

AMERICAN DREAM FOUNDATION

OMB No 1545-0047

Name of the organization

Employer identification number 31-1642351

Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	ructions.				
The organ	ization is not a	private foundation I	because it is: (For lines 1	through	11, check d	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)	(A)(iii).					
4 🔲	•		operated in conjunction					(b)(1)(A)(ii	i). Enter ti	he hospital	s name	е,
- - -	city, and state	e:										
5 🔲	An organizati	on operated for the l	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	mental unr	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗔	A federal, sta	te, or local governme	ent or governmental unr	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	oublic desc	ribed in	1
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🔲	A community	trust described in s	ection 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 fro activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investments.											
		·										
	income and i	inrelated business ta	axable income (less sect	tion 511 ta	x) from bus	sinesses a	acquired b	y the orga	ınızatıon a	ifter June 3	0, 197	5.
		509(a)(2). (Complete	·									
10	•	- '	perated exclusively to te	•	-							
11	•	= :	perated exclusively for the									or
	, .	• •	ations described in section				2). See sec	ction 509(a)(3). Che	ck the box	that	
		· · · ·	organization and comple		-					ı <u> </u>		
	a Type I		- ','		e III - Func	•	•		d∟	Type III • C		
e 📖			t the organization is not									1
_			han one or more publicly						3(a)(1) or s	section 509	(a)(2).	
f	ū		ten determination from t	the IRS tha	atitisa iyi	pe I, Type	II, or Type	: III				r
		rganization, check th					-645 - 6-11		0			L
9	_		organization accepted ar			-						N.
		· ·	irectly controls, either al	one or tog	etner with	persons o	jescribea i	in (ii) and (iii) below,		Yes	No
	•	•	upported organization?	•				•		11g(i)		
	• • •	•	n described in (i) above?		-0	•			-	. 11g(ii)	\vdash	
•			person described in (i)							11g(iii)	il	
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
(1) 2)		(ii) F(N	(iii) Type of	(iv) is the o	rganization	(v) Did vo	u notify the	(vi) Is	the	(vil) Am	nount of	,
	of supported anization	(ii) EIN	organization		sted in your	organizat	ion in col	organizáti (i) organiz	on in col			
oly	umzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	\'\' \'\'\'\\	?	support		
			(see instructions))	Yes	No	Yes	No	Yes	No			
							<u> </u>					
				_					<u> </u>			
									<u> </u>			
					ļ		ļ		ļļ			
Total		į.	1	1	I	}	1	1	1			

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			-			
	membership fees received. (Do not						
	include any "unusual grants.")	316,640.	302,938.	264,171.	149,686.	68,148.	1,101,583.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge		i				
4	Total. Add lines 1 through 3	316,640.	302,938.	264,171.	149,686.	68,148.	1,101,583.
5	The portion of total contributions				·	·	
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						84,888.
6	Public support. Subtract line 5 from line 4		***************************************			····	1,016,695.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	316,640.	302,938.	264,171.	149,686.	68,148.	1,101,583.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		Ì				
	and income from similar sources	10,400.	13,130.	16,015.	-131034.	11,327.	-80,162.
9	Net income from unrelated business					·,	
	activities, whether or not the						
	business is regularly carried on			Į			
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						1,021,421.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	290,959.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, o	olumn (f))		14	99.54 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	96.70 %
16	33 1/3% support test - 2010. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
ŧ	33 1/3% support test - 2009.If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
178	a 10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% i	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
ı	o 10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, cl	heck this box and	stop here . Explair	n in Part IV how the	
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17t</u>	o, check this box a	and see instruction	s ▶L
					Sahr	dule A (Form 990	000 E7 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			,			
	membership fees received. (Do not						
	include any "unusual grants.")				<u> </u>		
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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
7 a	Amounts included on lines 1, 2, and	1					
	3 received from disqualified persons	<u> </u>					
t	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			<u> </u>	•	· • · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	activities not included in line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain			 			
12	or loss from the sale of capital assets (Explain in Part IV.)				<u> </u>		
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo	r the organization	's first second thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here	The Organization	o mat, accoma, tri	, o, roorar, or mar t	, cai as a soon	on our long, or game	▶
<u></u>	ction C. Computation of Pub	ic Support Pe	rcentage	-			
				column (fl)		15	<u>%</u>
15				Column (i))		16	<u>%</u> %
16						110	
	ction D. Computation of Inve					47	
	Investment income percentage for 20			irie 13, column (1))		18	<u>%</u> %
18	· · · · · · · · · · · · · · · · · · ·				a 15 in mara than	L	
19	a 33 1/3% support tests - 2010. If the						
	more than 33 1/3%, check this box a						and
	b 33 1/3% support tests - 2009. If the						
~~	line 18 is not more than 33 1/3%, ch						' ∑ ⊟
20	Private foundation. If the organization	on ala not check a	DOX OIL TIME 14, I	aa, or Tab, CileCK	una DON AND SEE II	ISHUCHOHS	00 000 F7 0040

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN DREAM FOUNDATION

Employer identification number 31-1642351

Pa	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e b. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		
1	Aggregate contributions to (during year)		
2			
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	Legisland the special hold to depay only	ad funda
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Pa	Walland Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.		art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	·	torically important land area
	Protection of natural habitat	Preservation of a certi	fled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements di	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		ther 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 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic 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 tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

5,000.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2010

4,610

e Other

Part VII Investments - Other Securities. (a) Description of security or category (including name of security)	(b) Book value	(c) Me	ethod of valuati id-of-year marke	
(1) Financial derivatives				
Closely-held equity interests				·
3) Other				
(A)				
(B)				
(C)				·
(D)				
(E) (F)				···
(G)				
(H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)	>			
Part VIII Investments - Program Related				
(a) Description of investment type	(b) Book value		ethod of valuation ad-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			······································	
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. See Form 990, Part X, I				
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	7.00			
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			•	
1. (a) Description of liability	t A, line 25.	(b) Amount		
(1) Federal income taxes		• • •		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote. The state of the footnote in Part XIV, provide the text of the footnote.	Ine 25.) ote to the organization's financial st	atements that reports the organization's	liability for uncertain	tax positions under
032053		-		
12-20-10			Sche	dule D (Form 990) 201

% × **Employer identification number** 31 - 1642351Open to Public. OMB No 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any BENERAL BENERAL BENERAL recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed amount of ame and address of organization (below if applicable cash grant or government assistance or government assistance assistance (i) Method of valuation (book, non-cash assistance other) 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ٥. °. Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 21,000 10,000 5,271 AMERICAN DREAM FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization OGDEN CITY POLICE DEPARTMENT UNITED WAY OF NORTHERN UTAH SOVEREIGNTY INTERNATIONAL Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part

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Enter total number of other organizations

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

Schedule I (Form 990) (2010)

31-1642351 Schedule I (Form 990) (2010) AMERICAN DREAM FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. AMERICAN DREAM FOUNDATION

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the informatio	n required in Part I,	line 2, and any other	additional information.	
				·	

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public inspection

Department of the Treasury Attach to Form 990 or 990-EZ Internal Revenue Service **Employer identification number** Name of the organization 31-1642351 AMERICAN DREAM FOUNDATION FORM 990, PART VI, SECTION A, LINE 2: HUSBAND AND WIFE ARE TRUSTEES. ONE TRUSTEE IS ALSO THE PROFESSIONAL BUSINESS ADVISOR TO THE OTHER TRUSTEES. FORM 990, PART VI, SECTION B, LINE 11: THE CHARITY IS GIVEN THE 990 AND REVIEWED TO ENSURE ACCURACY. FORM 990, PART VI, SECTION B, LINE 15: THE TRUSTEES DETERMINED THESE INDIVIDUALS WOULD NOT RECEIVE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC WHEN THE SPECIFIC DOCUMENT IS REQUESTED FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: HARLAN P. SCHMITT - 5929 S. FASHION POINTE DRIVE, STE 300, OGDEN, UT 84403

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

• If vo	ou are filing for an Automatic 3-Month Extension, complete	te only Pa	art I and check this box		•	X	
	ou are filing for an Additional (Not Automatic) 3-Month Ex			form).			
•	t complete Part II unless you have already been granted a				m 8868.		
	onic filing (e-file). You can electronically file Form 8868 if y					oration	
	ed to file Form 990-T), or an additional (not automatic) 3-mo						
•	to file any of the forms listed in Part I or Part II with the exc						
	nal Benefit Contracts, which must be sent to the IRS in pap						
	ww irs.gov/efile and click on e-file for Charities & Nonprofits						
Parl			bmit original (no copies needed).				
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and com	plete			
Part I	only .				>		
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and ti	rusts must use Form 7004 to request an	exten:	sion of time		
Туре	Name of exempt organization			Empl	oyer identification	number	
print	AMERICAN DREAM FOUNDATION			3	1-1642351		
	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return See Instructions 2955 HARRISON BLVD #101 City, town or post office, state, and ZIP code. For a foreign address, see instructions. OGDEN, UT 84403							
Application Return Application						Return	
Is For Code Is For						Code	
Form 990 01 Form 990-T (corporation)						07	
Form 990-BL 02 Form 1041-A						08	
Form 9	Form 990-EZ 03 Form 4720					09	
Form 9	990-PF	04	Form 5227			10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	990-T (trust other than above)	06	Form 8870			12	
	JOHN A. GULLO be books are in the care of \blacktriangleright 2955 HARRISON is ephone No. \blacktriangleright 801-399-2111	BLVD 7	#101 - OGDEN, UT 844 FAX No. ►	03			
If the	ne organization does not have an office or place of business	s in the Un	nited States, check this box		•		
If the	nis is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If the	s is foi	the whole group, o	check this	
box 🕨					ers the extension is	for.	
1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2011 , to file the exemp		to file Form 990-T) extension of time unt tion return for the organization named a		The extension		
	is for the organization's return for:						
	ightharpoons $ ightharpoons$ $ ightharpoon$						
	tax year beginning	, an	d ending		_ ·		
2	If the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on Initial return Fina	al retur	n		
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.	
	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 over;	-		3ь	\$	0.	
	Balance due. Subtract line 3b from line 3a Include your pa						
	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions	3с	\$	0.	
Cauti	on. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.	

LHA

For Paperwork Reduction Act Notice, see Instructions.