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Department of the Treasury

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)

Open to Public Inspection

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

and ending A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Address change AMERICAN DREAM FOUNDATION Name Change 31-1642351 Doing Business As initial return Room/suite Number and street (or P 0 box if mail is not delivered to street address) E Telephone number 2955 HARRISON BLVD #101 801-621-0904 Termin-City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-84403 OGDEN, UT H(a) Is this a group return pendina Yes X No F Name and address of principal officer JOHN A. GULLO for affiliates? 84403 H(b) Are all affiliates included? 2955 HARRISON BLVD STE 101, OGDEN, UT Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or [) ◀ (insert no) L If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation 1999 **M** State of legal domicile ${
m UT}$ Part I Summary Briefly describe the organization's mission or most significant activities TO ASSIST IN THE PERSONAL AND Activities & Governance ECONOMIC IMPROVEMENT AND DEVELOPMENT OF DISADVANTAGED INDIVIDUALS. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) ō 5 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) ō 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 82,385 262,631. Contributions and grants (Part VIII, line 1h) Revenue Ω. 0. Program service revenue (Part VIII, line 2g) 23,607. 99,647. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,070. 7,655. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 113,062. 369,933. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 119,827. 130,602. 13 Grants and similar amounts pald (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (ParV) (A), line 4) 0. 0. Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5·10)
Professional funditaising legg (Part IX, column (A), line 11e)
Total fundraising expenses (Part IX, column (D), line 25)
Other expenses (Part IX, column (A), lines 11a fittg, 11f-24e) 0. 0. 0. 0. 50,677. 63,601. Add wes 13 15 (hust equal Part IX, column (A), line 25) 170,504. 194,203. <57,442.> 175,730. Revenue less expenses Subtract line **Beginning of Current Year End of Year** 254,767. 354,721. 20 Total assets (Part X, line 16) Ō. 0. Total liabilities (Part X, line 26) 254,767. 22 Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Sign JOHN A. GULLO, TRUSTEE Here Type or print name and title Date Check PTIN Print/Type preparer's name Preparer's signature 5/X/B P00394728 Paid BRETT A. DAGLEY, CPA Firm's name | EIDE BAILLY LLP 45-0250958 Firm's EIN Preparer Firm's address 5929 S FASHION POINTE DR, Use Only 801-621-1575 OGDEN, UT 84403 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012) AMERICAN DREAM FOUNDATION

Part IV Checklist of Required Schedules

| 1 (4) | (1) Oneokiist of Requires consesses | | Yes | No |
|-------|--|------|----------------|----------------|
| _ | Lather was a residued to cooper 501/oV/2) or 4047/oV/1) (other than a private foundation)? | | 162 | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | Х | |
| _ | If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 2 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| 3 | | 3 | | Х |
| | public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | - | |
| 4 | | 4 | | Х |
| _ | during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| 5 | | 5 | | Х |
| _ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | - | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | Х |
| _ | | | | <u></u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | Х |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | 8 | | X |
| _ | Schedule D, Part III | - | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | ı |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | Х |
| | If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 40 | | Х |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 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, | 44- | Х | |
| | Part VI | 11a | Λ | |
| Ь | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | Х |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | Х |
| | assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | 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 | | | v |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Λ. |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | Х |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | ļ | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | ١ | | v |
| | Schedule D, Parts XI and XII | 12a | <u> </u> | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | ļ | v |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ^ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | ì | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 |] | | v |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 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 | | | v |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 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 | | | v |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | 1 | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| | 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," | | | U |
| | complete Schedule G, Part III | 19 | ļ | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ^ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20ь | 000 | <u>/02:5</u> |
| | | Form | 1 990 | (2012) |

Form 990 (2012) AMERICAN DREAM FOUNDATION

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-------|-------|---------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | |
| | United States on Part IX, column (A), line 17 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, | | | |
| | column (A), line 2º If "Yes," complete Schedule I, Parts I and III | 22_ | | <u> X</u> |
| 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 | | - 1 | v |
| | Schedule J | 23 | | <u>X</u> |
| 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 | | ļ | v |
| | Schedule K If "No", go to line 25 | 24a | | <u>X</u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 04.5 | | |
| | 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 | | |
| 234 | 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 | | Х |
| ь | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 20a | - | |
| | 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, highest compensated employee, or disqualified | 230 | | - |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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) | | | |
| 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 | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | . | |
| | 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 | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | <u>X</u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | _ <u>X</u> _ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | <u>X</u> |
| 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 | | _ <u>X</u> _ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | Ì | v |
| | Part V, line 1 | 34_ | | _X _X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 254 | ĺ | |
| 25 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 20 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36_ | | <u> </u> |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 57 | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | | | 990 (| 2012 |
| | | | - ' | |

| | 990 (2012) AMERICAN DREAM FOUNDATION | 31-1642 | <u>351</u> | <u> </u> | age |
|---------|---|--------------------------|------------|--------------|--------------|
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | , | |
| | · | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | 1 | | |
| þ | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and report | table gamıng | | | |
| | (gambling) winnings to prize winners? | , | 1c | 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 | ļ | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | ļ | |
| | 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 | ļ | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | _3b | _ | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year. | ority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account | ount)? | 4a | | X |
| þ | 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 According | ounts | l | | |
| 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 | η ^γ | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | ļ | L |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or | rganization solicit | | | ١ |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | ļ. <u></u> | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or gifts | | | |
| | were not tax deductible? | | 6b | 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 | s provided to the payor? | 7a | <u></u> | Х |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | ļ | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re- | equired | | 1 | |
| | to file Form 8282? | 1 | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | ., |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr | | 7e | <u> </u> | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | <u> </u> | Х |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form | • | <u>7g</u> | | _ |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | ļ | ļ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | | | : | 1 |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any | time during the year? | 8 | | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the organization make any taxable distributions under section 4966? | | 9a | | - |
| 40 5 | Did the organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | _1 | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | <u> </u> | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. | <u> </u> | | | |
| '' | Gross income from members or shareholders | _ | } | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| 192 | amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 | | 120 | | 1 |
| | · | ! | 12a | | - |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | 120 | | |
| а | · | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | Ì | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | . I | | | |
| С | Enter the amount of reserves on hand | | 1 | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | <u> </u> | Х |
| | | | | 1 | |

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

Form 990 (2012) AMERICAN DREAM FOUNDATION 31-1642351 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

| | Check if Schedule O contains a response to any question in this Part VI | | | | X | | | | | | |
|--------------------|---|-------------------------------|----------|----------------|-------------|--|--|--|--|--|--|
| <u>Sec</u> | tion A. Governing Body and Management | | | | | | | | | | |
| | | 1 1 | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 3 | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | _ | | | | | | | | |
| b | 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 | p with any other | | | | | | | | | |
| | officer, director, trustee, or key employee? | | 2 | X | ļ | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e 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 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | sets? | 5 | | X | | | | | | |
| 6 | 6 Did the organization have members or stockholders? | | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint one or | | | | | | | | | |
| | more members of the governing body? | | 7a | | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | stockholders, or | | | | | | | | | |
| | persons other than the governing body? | | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the following | | | | | | | | | |
| а | The governing body? | | 8a | Х | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | sched at the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | X | | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenue Code.) | | <u> </u> | | | | | | | |
| | | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | | Х | | | | | | |
| þ | If "Yes," did the organization have written policies and procedures governing the activities of such c | hapters, affiliates, | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | y before filing the form? | 11a | X | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | } | | | | | | | | |
| 12a | · · · · · · · · · · · · · · · · · · · | | 12a | | X | | | | | | |
| b | | | 12b | ļ | <u> </u> | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," descпbe | | İ | İ | | | | | | |
| | in Schedule O how this was done | | 12c | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | <u> </u> | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | Х | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | v | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | 15a | X | <u> </u> | | | | | | |
| b | 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 arrange | ment with a | 1 | | v | | | | | | |
| | taxable entity during the year? | | 16a | | X | | | | | | |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | nization's | | | 1 | | | | | | |
| | exempt status with respect to such arrangements? | | 16b | | <u> </u> | | | | | | |
| | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | | | | | | |
| 17 | | F (Castian FO1/a)/2) = = h/ | | .1- | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | i (Section 50 I(c)(3)s only | avallat | л е | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | un Cobodula Ol | | | | | | | | | |
| | | n in Schedule O) | n el E | n ar = 1 | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, c | onflict of interest policy, a | no tinai | ncial | | | | | | | |
| | statements available to the public during the tax year | | _4 • | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | ind records of the organiz | auon: ▶ | | | | | | | | |
| | JOHN A. GULLO - 801-399-2111 2955 HARRISON BLVD #101, OGDEN, UT 84403 | | | | | | | | | | |
| <u>ব্</u> বব্যুক্ত | | | | | | | | | | | |

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

| (A) | (B) | organization compensat (C) | | | | | | (D) | (E) | (F) | |
|-----------------------|--|---|-----------------------|--------------|---------------|------------------------------|----------|--|----------------------------------|-----------------------|--|
| Name and Title | Average | (do | not c | Pos heck | rtion more | than | one | Reportable | Reportable | Estimated | |
| | hours per | box, unless person is both an officer and a director/trustee) | | | | is bot | h an | compensation | compensation | amount of | |
| | week | - | 1 | | | T | 100, | from | from related | other | |
| | (list any hours for | diact | | | ĺ | - | ĺ | the organization | organizations (W-2/1099-MISC) | compensation from the | |
| | related | 8 | ₹ | | | nsate | | (W-2/1099-MISC) | (** 2) 1000 (**100) | organization | |
| | organizations | frust | 를 | | 8 <u>8</u> | aduc | | (** ** ** ** ** ** ** ** ** ** ** ** * | | and related | |
| | below | Individual trustee or director | Institutional frustee | 5 5 | Key employee | loyer loyer | 寶 | | | organizations | |
| | line) | 'n | usti | Office. | Ke | Highest compensated employee | F | | | | |
| (1) JOHN A. GULLO | 20.00 | | | İ | | | | | | | |
| TRUSTEE | | X | | Х | | <u> </u> | | 0. | 0. | 0 | |
| (2) KAREN S. GULLO | 10.00 | | | | | | ĺ | | | | |
| TRUSTEE | <u></u> | X | ļ | | | ļ | <u> </u> | 0. | 0. | 0 | |
| (3) HARLAN P. SCHMITT | 2.00 | } | | | | | | _ | _ | _ | |
| TRUSTEE | | X | | | | ļ | | 0. | 0. | 0 | |
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| (A) Name and title | (B) Average hours per week (list any | offi | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | h an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | am | (F) timated tount of other pensati | f |
|---|---|--------------------------------|--|---------|--------------|---------------------------------|--------|---|--|-------------|--|----------|
| | hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | orga and | om the anization i relate nization | on d |
| | | _ | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | | | | |
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| | | | | | | | | | | | • | |
| | | | | | | | | | | | . | |
| 4h Sub tetal | | | | | | | | 0. | 0 | | | 0. |
| 1 b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c) | II, Section A | | | | | > | | 0. | 0 0 | • | | 0. |
| Total number of individuals (including but compensation from the organization | not limited to th | nose | liste | ed al | DOV | e) wh | no re | eceived more than \$100 | 0,000 of reportable | | V T | <u> </u> |
| 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for | | | e, ke | ey er | nplo | yee | or l | highest compensated e | mployee on | 3 | Yes | No X |
| For any individual listed on line 1a, is the s and related organizations greater than \$15 | um of reportab | le c | | | | | | | the organization | 4 | | Х |
| 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor | accrue compe | nsat | ion 1 | from | any | uni | | | idual for services | 5 | | Х |
| Section B. Independent Contractors 1 Complete this table for your five highest contractors | | | | | | | | | | isation f | rom | |
| the organization Report compensation for (A) Name and busines: | | | end ON: | | vith | or w | rithir | n the organization's tax (B) Description of s | | (C Compe | | |
| | | | | | | | | · | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| O. Talelanda de de de de de de de de de de de de de | (nonly disc by the | | | | , 1 | | p's: | d shove) who received a | nore than | | | |
| Total number of independent contractors \$100,000 of compensation from the organ | | HOU I | ımıte | | | 0 | SIEC | above) who received r | nore than | Form | 000.0 | |

| Ра | | | Check if Schedule O con | tains a response | e to any question i | n this Part VIII | | | |
|--|-----|---|---|---------------------------------------|----------------------|---|--|---|---|
| • | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1 | a | Federated campaigns | 1a | | | | | |
| ira our | | b | Membership dues | 1b | | | | | |
| S, G | | С | Fundraising events | 1c | | | | | |
| ar / | | d | Related organizations | 1d | | | | | |
| s, (mi | | е | Government grants (contribute | tions) 1e | | | | | |
| rion | | f | All other contributions, gifts, gran | nts, and | | | | | |
| the later | | | similar amounts not included abo | ove 1f | 262,631. 198,586. | | | | |
| | | g | Noncash contributions included in lines | s 1a-1f \$ | 198,586. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | - | Total. Add lines 1a-1f | | > | 262,631. | | | |
| | | | | | Business Code | | | | |
| e) | 2 | а | | | | | | | |
| Zi Zi | | b | | | | | | , | |
| Sei | | c | | | | | | | |
| am | | d | | | | | | | |
| Program Service Revenue | | e | | | | | | | |
| ď | | f | All other program service reve | enue | | | | | |
| | | a | Total. Add lines 2a-2f | | > | | | | |
| | 3 | | Investment income (including | dividends, inte | rest, and | | | | |
| | | | other similar amounts) | | ▶ | 4,902. | | | 4,902. |
| | 4 | | Income from investment of ta | x-exempt bond | proceeds ► | | | | |
| | 5 | | Royalties | • | ` ▶ [| | | | |
| | | | | (ı) Real | (II) Personal | , | | | |
| | 6 | а | Gross rents | 9,600 | | | | | |
| | | - | Less rental expenses | 4,022 | | | | | |
| | | | Rental income or (loss) | 5,578 | | ! | | | |
| | ļ | | Net rental income or (loss) | | > | 5,578. | ĺ | | 5,578. |
| | 7 | | Gross amount from sales of | (i) Securities | (II) Other | | | | |
| | • | _ | assets other than inventory | 257,173 | | | | | |
| | | ь | Less cost or other basis | | | | | | |
| | | _ | and sales expenses | 162,428 | | | | | |
| | | С | Gain or (loss) | 94,745 | • | | | | |
| | | d | | | > | 94,745. | | | 94,745. |
| • | B | а | | no events (not | | | | | |
| nue | | _ | including \$ | of | | | | | |
| eve | | | contributions reported on line | | | | | | |
| Other Revenu | | | Part IV, line 18 | • | a | | | | |
| the | | ь | | | ь | | | | |
| 0 | | С | Net income or (loss) from fun | draising events | • | | | | |
| | 9 | | Gross income from gaming a | | | | | | |
| | | | Part IV, line 19 | | a | | | | 1 |
| | | b | | | ь | | | | |
| | | c | Net income or (loss) from gar | ming activities | • | 1 | | | |
| | 10 | | Gross sales of inventory, less | | | | | | |
| | | | and allowances | | а | | | | |
| | | ь | Less cost of goods sold | | ь | | | | |
| | | c | Net income or (loss) from sal | es of inventory | • | | | | 1 |
| | | Ť | Miscellaneous Reven | | Business Code | | | | |
| | 11 | а | AMUNDA THIONIE | · · · · · · · · · · · · · · · · · · · | | 2,077. | 2,077. | | |
| | ` ` | ь | | | | · · · · · · | | | |
| | | c | | | | | | | |
| | | d | All other revenue | | | | † | | |
| | | e | Total. Add lines 11a-11d | | • | 2,077. | | | |
| | 12 | | Total revenue See instructions | | • | 369,933. | 2,077. | 0 | . 105,225. |
| 2320 12-1 | | | . S.E. ISIS SEE SEE MONOCHOMO | | <u> </u> | t | | - | Form 990 (2012) |

Form 990 (2012) AMERICAN DREA Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns All oth | er organizations must co | mplete column (A) | |
|----------|--|---------------------------|------------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respon | | s Part IX | | |
| | 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 United States See Part IV, line 21 | 130,602. | 130,602. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States 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 accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | 2 505 | | 2,505. | |
| а | Management | 2,505. | | 88. | |
| Ь | Legal | 4,914. | | 4,914. | |
| C | Accounting | 4,314. | | 4,314. | |
| d | Lobbying Cas Bad N/ line 17 | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| 40 | column (A) amount, list line 11g expenses on Sch (O) | 692. | | 692. | |
| 12 | Advertising and promotion | 534. | | 534. | |
| 13 | Office expenses Information technology | | | | |
| 14 | | | | | |
| 15 16 | Royalties Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 2,189. | | 2,189. | |
| 21 | Payments to affiliates | • | - | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) | | | | |
| а | SPECIAL EVENTS | 50,807. | 50,807. | | |
| ь | PROPERTY TAXES | 1,524. | | 1,524. | |
| c | BANK CHARGES | 168. | | 168. | |
| d | DUES AND SUBSCRIPTIONS | 106. | | 106. | |
| e | | 74. | | 74. | |
| 25 | Total functional expenses Add lines 1 through 24e | 194,203. | 181,409. | 12,794. | 0 |
| 26 | Joint costs Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |
| 23201 | 0 12-10-12 | | | | Form 990 (2012 |

| Par | τX | Balance Sheet | | | | | |
|-----------------------------|--------------|--|-------------------|--------------------------|---------------------------------------|-------------|--|
| h | | Check if Schedule O contains a response to any | quest | tion in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 4,559. | 1 | 2,162. |
| | 2 | Savings and temporary cash investments | | | 158,297. | 2 | 265,570. |
| | 3 | Pledges and grants receivable, net | | | 900. | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and fo | ormer c | officers, directors, | · · · · · · · · · · · · · · · · · · · | | |
| | | trustees, key employees, and highest compensa | | | | | |
| | | Part II of Schedule L | | ' ' | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied pe | ersons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of section | | | | | |
| | | employees' beneficiary organizations (see instr) | | | i | 6 | |
| ts | 7 | Notes and loans receivable, net | σορ | Note / Girt in Ground | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ٨ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | | Land, buildings, and equipment, cost or other | 1 | 1 | | | (1) |
| | IVa | basis. Complete Part VI of Schedule D | 10a | 131,667. | | | |
| | _h | Less accumulated depreciation | 91,011. | 10c | 86,989. | | |
| | 11 | Investments - publicly traded securities | | 11 | | | |
| | 12 | Investments - other securities See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related See Part IV, line | | | | 13 | |
| | | Intangible assets | | 14 | | | |
| | 14 | Other assets See Part IV, line 11 | | | 15 | | |
| | 15 | Total assets. Add lines 1 through 15 (must equ | al line ' | 34) | 254,767. | 16 | 354,721. |
| | 16 | Accounts payable and accrued expenses | ai iii le i | 54) | | 17 | |
| | 17 | | <u> </u> | | 18 | | |
| | 18 | Grants payable | <u> </u> | | 19 | | |
| | 19 | Deferred revenue | Ļ | | 20 | | |
| | 20 | Tax-exempt bond liabilities Escrow or custodial account liability Complete | Dart IV | of Schedule D | | 21 | |
| Liabilities | 21 | Loans and other payables to current and forme. | | | -, | | |
| Ē | 22 | key employees, highest compensated employee | | | | | |
| Li: | İ | Complete Part II of Schedule L. | 55, and | disqualified persons | | 22 | |
| | | • | ntad th | urd parties | | 23 | |
| | 23 | Secured mortgages and notes payable to unreli- | | | · N | 24 | |
| | 24 | Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa | | | | | |
| | 25 | parties, and other liabilities not included on lines | | | | | i |
| | | | 5 17.24 |) Complete Fait X of | | 25 | 1 |
| | 000 | Schedule D Total liabilities. Add lines 17 through 25 | | | 0. | 26 | 0. |
| | 26 | Organizations that follow SFAS 117 (ASC 956 | R) che | ck here ▶ X and | | | |
| | | complete lines 27 through 29, and lines 33 ar | | CK Here and | | | |
| Š | 0.7 | | iu 54. | | 254,767. | 27 | 354,721. |
| jan | 27 | Unrestricted net assets | | | | 28 | |
| 8 | 28 | Temporarily restricted net assets Permanently restricted net assets | | | | 29 | |
| Ę | 29 | Organizations that do not follow SFAS 117 (A | \ CC 0F | (8) check here | rminum m. na na na matematika | | |
| Ē | | | No, check here is | | | | |
| S | | and complete lines 30 through 34. | | | 30 | | |
| set | 30 | Capital stock or trust principal, or current funds | ent fund | | 31 | | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated in | | 1 | | 32 | |
| Ne. | 32 | Total net assets or fund balances | COME | , or other funds | 254,767. | | 354,721. |
| - | 33 | | | İ | 254,767. | | 354,721. |
| | 34 | Total liabilities and net assets/fund balances | | | 23171016 | | |

| | · · · · · · · · · · · · · · · · · · · | | | | |
|-----|--|------------|------|--------------------|--------------|
| orm | 990 (2012) AMERICAN DREAM FOUNDATION | 31-164 | 2351 | Pag | e 12 |
| Pai | t XI 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 | | | 33. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 03. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 30. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 67. |
| 5 | Net unrealized gains (losses) on investments | 5 | < 75 | 7 | <u>76.</u> > |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | [| | | |
| | column (B)) | 10 | 354 | l,7: | 21. |
| Pai | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | <u>Ш</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 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>X</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | |
| ь | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basıs, | | | |
| | consolidated basis, or both: | | | 1 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | 1 | |
| | 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 | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | 1 | |
| | 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 | | | ı |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | <mark>990</mark> (| 2012) |

12-10-12

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

4947(a)(1) nonexempt charitable trust.

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

Copen to Public Inspection

Department of the Treasury Internal Revenue Service

AMERICAN DREAM FOUNDATION

Employer identification number 31-1642351

OMB No 1545-0047

| Pε | art I | Reason | for Public Char | rity Status (All organiza | ations mus | st complet | e this part | .) See inst | ructions | | | | |
|-----|----------|---------------------|-------------------------------|--|---------------|--|---------------------|-------------------|------------------------|-------------------|--------------|----------|--------|
| The | organi | ization is not a | private foundation | because it is. (For lines 1 | through 1 | 1, check | only one b | ox) | | | | | |
| 1 | | A church, cor | nvention of churche | s, or association of churc | ches descr | nbed in se | ction 170 | (b)(1)(A)(i) | | | | | |
| 2 | | A school desc | cribed in section 17 | 70(b)(1)(A)(ii). (Attach Scl | hedule E) | | | | | | | | |
| 3 | | | | ital service organization o | | | | | | | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | pital descr | ıbed ın se | ction 170 | (b)(1)(A)(ii | i). Enter | the hospita | l's nam | e, |
| | | city, and state | e: | | | | | | | | | | |
| 5 | | An organization | on operated for the | benefit of a college or un | iversity ov | vned or op | erated by | a governr | nental uni | t describ | ed in | | |
| | | section 170 | (b)(1)(A)(iv). (Compl | ete Part II) | | | | | | | | | |
| 6 | | A federal, sta | te, or local governm | ent or governmental unit | described | ın sectio | n 170(b)(1 |)(A)(v). | | | | | |
| 7 | X | An organization | on that normally red | eives a substantial part d | of its supp | ort from a | governme | ntal unit o | r from the | general | public desc | ribed i | n |
| | | section 170(| b)(1)(A)(vi) . (Comple | ete Part II) | | | | | | | | | |
| 8 | | A community | trust described in s | section 170(b)(1)(A)(vi). (| Complete | Part II) | | | | | | | |
| 9 | | An organization | on that normally rec | eives (1) more than 33 1 | /3% of its | support fr | om contri | butions, m | nembershij | p fees, a | nd gross re | ceipts | from |
| | | activities relat | ted to its exempt fu | nctions - subject to certa | ın exceptio | ons, and (2 | 2) no more | than 33 1 | /3% of its | support | from gross | invest | ment |
| | | income and u | inrelated business t | axable income (less sect | ion 511 ta | x) from bu | sines se s a | cquired b | y the orga | nızatıon | after June 3 | 30, 197 | 5. |
| | | See section ! | 509(a)(2) . (Complete | e Part III) | | | | | | | | | |
| 10 | | | | perated exclusively to tes | | | | | | | | | |
| 11 | | | | perated exclusively for th | | | | | | | | | or |
| | | | | ations described in section | | | |). See sec | tion 509(a | a)(3). Ch | eck the box | that | |
| | | describes the | | organization and comple | | | | | | | | | |
| | | a Type I | | • | | nctionally i | _ | | | | n-functional | , - | • |
| e | . | | | at the organization is not | | | | | | | | | n |
| | | | | than one or more publicly | | | | | | 9(a)(1) or | section 509 | 9(a)(2). | |
| 1 | f | If the organization | ation received a wri | tten determination from t | he IRS tha | it it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | | rganization, check t | | | | | | | _ | | | ш |
| ξ | 3 | | | organization accepted an | | | | | | | | | |
| | | (i) A persor | n who directly or inc | directly controls, either al | one or tog | ether with | persons d | lescribed i | n (II) and (| III) below | | Yes | No |
| | | the gove | erning body of the s | upported organization? | | | | | | | 11g(i) | ļ | |
| | | | • | n described in (i) above? | | | | | | | 11g(ii) | 7 | |
| | | (iii) A 35% c | controlled entity of a | a person described in (i) o | or (II) above | ∍ [?] | | | | | 11g(iii) | <u> </u> | |
| ŀ | ו | Provide the fo | ollowing information | about the supported org | ganızatıon(| (s) | | | | | | | |
| | | | Γ | <u></u> | I | | | | (vi) to | tho | T | | |
| (i | • | of supported | (II) EIN | (III) Type of organization | | rganization sted in your | | | (vi) is organizatio | on in col | (viı) Amoun | | netary |
| | orga | anization | | | | document? | | support? | (ı) organiz U S | ed in the | sut | port | |
| | | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | 163 | 1.00 | 103 | | 103 | 110 | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| | | | | | 1 | | 1 | | | | | | |
| | | | | | <u> </u> | | | | <u> </u> | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | İ | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 AMERICAN DREAM FOUNDATION 31-1642351 Page 2

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

| L | (Complete only if you checke | | | | failed to qualify | under Part III If the | e organization |
|------|--|----------------------|----------------------|-----------------------|---------------------|-----------------------|--------------------|
| | fails to qualify under the test | s listed below, plea | se complete Part I | II.) | | | |
| Se | ction A. Public Support | | | | | | |
| Cale | indar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants.") | 264,171. | 149,686. | 68,148. | 82,385. | 262,631. | 827,021. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | 1 | ĺ | Ì | | 1 | |
| | 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 through 3 | 264,171. | 149,686. | 68,148. | 82,385. | 262,631. | 827,021. |
| 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 | | | 1 | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 246,407. |
| _6 | Public support. Subtract line 5 from line 4 | | | | | | 580,614. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 264,171. | 149,686. | 68,148. | 82,385. | 262,631. | 827,021. |
| 8 | Gross income from interest, | İ | | | | | |
| | dividends, payments received on | | | | | ľ | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 16,015. | <131,034. | 11,327. | 30,677. | 107,302. | 34,287. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | J | | | | |
| | or loss from the sale of capital | | ļ | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 861,308. |
| 12 | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | , fourth, or fifth ta | k year as a section | n 501(c)(3) | _ |
| | organization, check this box and stor | | | | | | <u> </u> |
| Sec | ction C. Computation of Publ | | | | | | |
| 14 | Public support percentage for 2012 (| | | olumn (f)) | | 14 | 67.41 % |
| 15 | Public support percentage from 2011 | • | • | | | L | 102.94 % |
| 16a | 33 1/3% support test - 2012. If the c | | | line 13, and line 1 | 4 is 33 1/3% or n | nore, check this bo | |
| | stop here. The organization qualifies | | • | | | | $\triangleright X$ |
| b | 33 1/3% support test - 2011. If the c | | | | ine 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | , , | | | | | ▶∟ |
| 17a | 10% -facts-and-circumstances tes | - | | | | | · |
| | and if the organization meets the "fac | | · | • | • | rt IV how the organ | ization |
| | meets the "facts-and-circumstances" | | | | | | ▶ [] |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | • | | | | . — |
| | organization meets the "facts-and-circ | cumstances" test. | The organization qu | ualifies as a public | ly supported orga | anization | |

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) 2012 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 fa | ıls to |
|---|--------|
| qualify under the tests listed below, please complete Part II.) | |

| Se | ction A. Public Support | slow, please comp | Diete Fait II) | | | | |
|-----------|--|---------------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| | endar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Gifts, grants, contributions, and | | | | | 1 3 5 5 5 5 | |
| | 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 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 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6) | | | | | | |
| <u>Se</u> | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► 🏻 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 6 | | | | | <u> </u> | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for | the organization's | first second thu | d fourth or fifth to | L vear as a section | n 501(c)(3) organia | ration |
| . • | check this box and stop here | organization a | | _,a, o. mar to | , | 30 Honor organiz | ▶ |
| Sec | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2012 (li | | | column (f)) | | 15 | % |
| 16 | Public support percentage from 2011 | | - | | | 16 | % |
| Se | ction D. Computation of Inves | | | | | | |
| 17 | | | | ne 13, column (f)) | | 17 | % |
| 18 | | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2012. If the | organization did n | ot check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | |
| | more than 33 1/3%, check this box ar | nd stop here . The | organization qua | ifies as a publicly s | supported organiz | zation | |
| t | 33 1/3% support tests - 2011. If the | organization did n | ot check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here . The org | anization qualifies | as a publicly supp | oorted organization | ▶ 🛄 |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check th | nis box and see in | structions | ▶ 🗀 |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

AMERICAN DREAM FOUNDATION

Employer identification number 31-1642351

| Pa | TI Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the | | | |
|-----|---|---|---|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | e 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 advise | ed funds | | | |
| _ | 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 of | | - | | | |
| | impermissible private benefit? | ., 20110, 2011001, 21101 211, 211101 211 | Yes No | | | |
| Par | · · · · · · · · · · · · · · · · · · · | panization answered "Yes" to Form 990, Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | | | | | |
| • | Preservation of land for public use (e.g., recreation or e | | orically important land area | | | |
| | Protection of natural habitat | Preservation of a certif | | | | |
| | Preservation of open space | 1 70001 74.1011 01 4 001111 | ica materia strastara | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form o | of a conservation easement on the last | | | |
| - | day of the tax year | ica donisarvation dominibation in the form o | a conscivation casement 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 stri | ucture included in (a) | 2c | | | |
| d | Number of conservation easements included in (c) acquired a | · | | | | |
| • | listed in the National Register | are of 17700, and not on a motoric attocks | 2d | | | |
| 3 | Number of conservation easements modified, transferred, rel | leased extinguished or terminated by the | | | | |
| J | year | reased, extriguished, or terrimated by the | organization during the tax | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | |
| • | violations, and enforcement of the conservation easements if | | Yes No | | | |
| 6 | • | | | | | |
| 7 | Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$\Bigsim \frac{1}{2} = \frac | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | | | |
| Ŭ | and section 170(h)(4)(B)(ii)? | re satisfy the requirements of section 170(i | Yes No | | | |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense | | | | |
| ŭ | include, if applicable, the text of the footnote to the organization | | | | | |
| | conservation easements | tion o interioral otatomorno trial occorrect to | no organization o accounting to | | | |
| Pai | t III Organizations Maintaining Collections o | f Art. Historical Treasures, or Ot | her Similar Assets. | | | |
| | Complete if the organization answered "Yes" to Form | - | | | | |
| | If the organization elected, as permitted under SFAS 116 (AS | | ent and balance sheet works of art. | | | |
| . • | historical treasures, or other similar assets held for public ext | · | | | | |
| | the text of the footnote to its financial statements that descri | | es es perme service, previde, in y dividin, | | | |
| h | If the organization elected, as permitted under SFAS 116 (AS | | and halance sheet works of art, historical | | | |
| | treasures, or other similar assets held for public exhibition, ed | | | | | |
| | relating to these items: | dodation, or recourse in termierance of pub | and solving, provide the following amounts | | | |
| | | | > \$ | | | |
| | | | ► \$ | | | |
| • | (ii) Assets included in Form 990, Part X | anuran ar other similar senate for figures: | | | | |
| 2 | If the organization received or held works of art, historical tre | | gaiii, piovide | | | |
| _ | the following amounts required to be reported under SFAS 1 | to (MOC 300) relating to these items. | * | | | |
| a | Revenues included in Form 990, Part VIII, line 1 | | * | | | |
| ь | Assets included in Form 990, Part X | | > \$ | | | |

| Bart III Organizations Meintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued, so Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check at first apply): | Sche | dule D (Form 990) 2012 AMERICA | N DREAM F | OUNDA | TION | | | 31- | 1642351 | Page 2 |
|--|------|--|----------------------|---------------------------------------|--------------|-----------------|---------------|----------------|----------------|---------------|
| Coheck all that apply | | | collections of | Art, Hist | orical T | reasures, | or Other | Similar As | sets(contin | Jed) |
| a Public exhibition d Loan or exchange programs b Scholarly research e Other reproduce a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicitions and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicition of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Feart IV Escrow and Custodial Arrangements. Complete if the 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, oustodian or other intermediany for contributions or other assets not included on Form 990, Part X. line 21 b if 'Yes,' explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 Ending balance 2 Dot the organization include an amount on Form 990, Part X. line 21? b if 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10 1a Beginning of year balance 6 Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 9 Chert expenditures for facilities and programs 1 Administrative expenses g End of year balance 1 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as a Board designated or quasi-endowment I P % The percentages in lines 2a, 2b, and 2c should equal 100% 3 Are there endowment I pen AT XIII the intended uses of the organization silted as required on Schedule R? 1 Describe in Part XIII the intended uses of the organizations is endowment funds. Part VI Land, Bulldings, and | 3 | Using the organization's acquisition, accessi | on, and other reco | ords, check | any of the | e following tha | at are a sign | ificant use of | its collection | items |
| b Scholarly research e | | (check all that apply). | | | | | | | | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization collection? Peart IV Escrow and Custodial Arrangements. Complete if the 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, line 21 c Beginning balance c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance a Distributions during the year f Ending balance g Organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Current year (b) Pinor year (c) Two years back (d) Three years back (e) Four years | а | Public exhibition | | d 🔲 | Loan or ex | change progr | ams | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 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 origanization? Part IVI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is diditions during the year is a subject to the following table. Amount is a form of the part XIII is a form of the following table. Amount is a form of the following table. Amount is a form of the part XIII is a form of the following table. It is a form of the part XIII is a form of the following table. It is a form of the part XIII is a form of the pa | b | Scholarly research | | е 🔲 (| Other | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, instorical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | С | Preservation for future generations | | | | | | | | |
| 5 During the year, did the organization solicit or receive donations of art, instorical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | 4 | Provide a description of the organization's co | ollections and exp | lain how th | ey further | the organizat | ion's exemp | t purpose in | Part XIII | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Yes No | 5 | | | | | | | | | |
| Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Yes No | | to be sold to raise funds rather than to be ma | aintained as part o | of the organ | nization's c | collection? | | | Yes Yes | ☐ No |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment ▶ | Par | t IV Escrow and Custodial Arran | gements. Com | | | | "Yes" to Fo | rm 990, Part | IV, line 9, or | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year E Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c) Other expenditures for facilities and programs f Administrative expenses g End of lyaer balance b Permanent endowment G Permanent endowment S Permanent endowment S Permanent endowment S Temporarily restricted endowment S Temporarily restricted endowment S Temporarily restricted endowment S Are there endowment funds not in the possession of the organization that are held and administered for the organization B If "Yes to Sality, are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (investment) Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) Describe in Part XIII the intended uses of the organization's endowment funds. (b) Cost or other basis (other) Describe in Part XIII the intended uses of the organization's endowment funds. (c) Cost or other basis (other) Describe in Part XIII the intended uses of the organization's endowment funds. (d) Book value | 1a | Is the organization an agent, trustee, custodi | an or other interm | ediary for | contributio | ns or other as | ssets not inc | cluded | | |
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| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment | | | | | | | | | | |
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| d Equipment | ن | · | | · · · · · · · · · · · · · · · · · · · | | <u></u> | | | | |
| e Other 5,000. 4,610. 390. | | • • | 5 | ,000 - | | | | 4,610. | | 390. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | • | nn (B). line | 10(c)) | 1. | | 86 | |

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053

% × **Employer identification number** 31-1642351 OMB No 1545-0047 Open to Public 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 GENERAL GENERAL GENERAL GENERAL GENERAL 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 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. o. ٥. Ö o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 26,000. 10,000 12,000 (d) Amount of 26,257 46,472 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable AMERICAN DREAM FOUNDATION Enter total number of other organizations listed in the line 1 table Part # General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government PREVENT CHILD ABUSE Name of the organization AMERICAN RED CROSS Department of the Treasury Internal Revenue Service ST GEORGE CITY YOUTH IMPACT SCHEDULE OGDEN CITY (Form 990) Part II

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

24

Schedule I (Form 990) (2012)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) 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 (d) Amount of non-cash assistance (c) Amount of cash grant AMERICAN DREAM FOUNDATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) 232102 12-18-12 Part IV Part III

31-1642351

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

2012

Open to Public inspection

Name of the organization

AMERICAN DREAM FOUNDATION

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

Employer identification number 31-1642351

Schedule M (Form 990) (2012)

Types of Property Part i (d) (b) (c) (a) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1q Art - Works of art 2 Art · Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 198,586. FMV Х 9 Securities · Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 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 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 **Taxidermy** 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1:28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х 30a the entire holding period? b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

LHA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(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.

Pepartment of the Treasury

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN DREAM FOUNDATION

Employer identification number 31-1642351

| 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 |
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