

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 4136 City or town, state or country, and ZIP + 4 ITHACA, NY 14850-4136	D Employer identification number 03-0362565
F Group Exemption Number		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)

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

I Website: WWW.DOMINICANDREAM.ORG	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

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

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

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

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

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

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

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

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

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				

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

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

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

Total number of other independent contractors each receiving over \$100,000

**Sign Here** 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: MICHEL ZALESKI Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instr.) \_\_\_\_\_

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

EIN: \_\_\_\_\_ Phone no.: **212-697-2299**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**DOMINICAN REPUBLIC EDUCATION AND**

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						480,616.
<b>6 Public Support.</b> Subtract line 5 from line 4.						2334296.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	374,304.	422,904.	494,306.	882,428.	640,970.	2814912.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	237.	883.	618.	183.	559.	2,480.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	442.	210.	133.	32.	255.	1,072.
<b>11 Total support.</b> Add lines 7 through 10						2818464.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	355,469.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	82.82 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	66.93 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

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

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2008**

**\*\* Do Not File \*\***

**\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ZALESKI FAMILY FOUNDATION / MICHAEL ZALESKI	417,312.	360,943.
WILLIAM FRIEDMAN	90,000.	33,631.
DUNN FAMILY FOUNDATION	82,000.	25,631.
FABIO GUZMAN	110,036.	53,667.
KIMBALL FAMILY FOUNDATION	63,113.	6,744.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		480,616.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

**Name of the organization**

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

**Employer identification number**

03-0362565

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b> DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT	<b>Employer identification number</b> 03-0362565
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DUNN FAMILY FOUNDATION C/O AHI 30 NAGOG PARK ACTON, MA 01720	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	EDWARD THORNDIKE 38 LAKE LACOMA DRIVE PITTSFORD, NY 14534	\$ 15,165.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	KIMBALL FAMILY FOUNDATION 100 CAMPUS DRIVE, 3RD FLOOR EAST, SUITE 350 FLORHAM PARK, NJ 07932	\$ 53,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WILLIAM FRIEDMAN 320 CENTRAL PARK WEST NEW YORK, NY 10025	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ZALESKI FAMILY FOUNDATION 300 CENTRAL PARK WEST, 29D NEW YORK, NY 10024	\$ 127,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	DEAN GRIEDER P.O. BOX 4136 ITHACA, NY 14850	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> DOMINICAN REPUBLIC EDUCATION AND MENTORING PROJECT, INC. AKA DREAM PROJECT	<b>Employer identification number</b> 03-0362565
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**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	335 SHS OF COCA COLA STOCK.	\$ 15,165.	12/31/08

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

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

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

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

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

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FORM 990-EZ      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES      STATEMENT      4

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

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FORM 990-EZ      OTHER CHANGES IN NET ASSETS OR FUND BALANCES      STATEMENT      5

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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	86,120.
TOTAL TO FORM 990-EZ, LINE 20	86,120.

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FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO



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

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

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

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