Form 990-EZ

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than $200,000 and total assets less than $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.

For Paperwork Reduction Act Notice, see the separate instructions.

Part I  Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I.

A  For the 2011 calendar year, or tax year beginning 08/01/11, and ending 07/31/12

B  Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C  Name of organization

D  Employer identification number

E  Telephone number

F  Group Exemption Number

G  Accounting Method:
☐ Cash
☐ Accrual
☐ Other (specify) u

H  Check u if the organization is not required to attach Schedule B

J  Tax-exempt status (check only one) —
☐ section 501(c)(3)
☐ 501(c)(4)
☐ 501(c)(5)
☐ 501(c)(6)
☐ (insert no.)
☐ 4947(a)(1)
☐ 527

K  Check u if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L  Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ.

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
<th>Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>84,651</td>
</tr>
<tr>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>5c</td>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c</td>
</tr>
<tr>
<td>6a</td>
<td>Gross income from gaming (attach Schedule G if greater than $15,000)</td>
<td>6a</td>
</tr>
<tr>
<td>6b</td>
<td>Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)</td>
<td>6b</td>
</tr>
<tr>
<td>6c</td>
<td>Less: direct expenses from gaming and fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>6d</td>
<td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td>
<td>6d</td>
</tr>
<tr>
<td>7a</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>7b</td>
<td>Less: cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>7c</td>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c</td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe in Schedule O)</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td>
<td>113,828</td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (list in Schedule O)</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe in Schedule O)</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses. Add lines 10 through 16</td>
<td>126,808</td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>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)</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year. Combine lines 18 through 20</td>
<td>21</td>
</tr>
</tbody>
</table>
**Part II**  
**Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>80,101</td>
<td>72,938</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>20,531</td>
<td>15,500</td>
</tr>
<tr>
<td>25 Total assets</td>
<td>100,632</td>
<td>88,438</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>868</td>
<td>1,654</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>99,764</td>
<td>86,784</td>
</tr>
</tbody>
</table>

**Part III**  
**Statement of Program Service Accomplishments (see the instructions for Part III.)**

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose?

*See Schedule O*

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

- **28 See Schedule O**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(Grants $ ) If this amount includes foreign grants, check here u 28a 91,320

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Grants $ ) If this amount includes foreign grants, check here u 29a

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

(Grants $ ) If this amount includes foreign grants, check here u 30a

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Other program services (describe in Schedule O),

(Grants $ ) If this amount includes foreign grants, check here u 31a

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total program service expenses** (add lines 28a through 31a) u 32 91,320

**Part IV**  
**List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-3/1099-MISC) (if not paid, enter 0)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUSAN HAUGH</td>
<td>PITTSBURGH EX-OFFICIO/AD</td>
<td>20.00</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>28,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DAVID BINDER</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>JEFFREY BONDY</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DEMARQUIS CLARKE, PH.D</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KERI HARMICAR</td>
<td>PITTSBURGH SECRETARY</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>GRETCHEN HULSE</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>JEFFREY RAY KISER</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MAIRIN PETRONE</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DIANA REED</td>
<td>PITTSBURGH BOARD PRESIDENT</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SETH ROSENBERG</td>
<td>PITTSBURGH TREASURAN</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NICOLE SALMR</td>
<td>PITTSBURGH DIRECTOR</td>
<td>1.25</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>KATHI BOYLE</td>
<td>PITTSBURGH FORMER MANAGING DIR</td>
<td>10.00</td>
<td>11,000</td>
<td>0</td>
</tr>
<tr>
<td>PO BOX 4912</td>
<td>PA 15206</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a
detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the
change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business
activities (such as those reported on lines 2, 6a, and 7a, among others)?
   b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
   c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,
      reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets
during the year? If "Yes," complete applicable parts of Schedule N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
   b Did the organization file Form 1120-POL for this year?

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were
   any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
   b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:
   a Initiation fees and capital contributions included on line 9
   b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
   b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit
      transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been
      reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
   c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on
      organization managers or disqualified persons during the year under sections 4912,
      4955, and 4958
   d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c
      reimbursed by the organization
   e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter
      transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed. u

42a The organization's books are in care of u

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here
   and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be
   completed instead of Form 990-EZ
   b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be
      completed instead of Form 990-EZ
   c Did the organization receive any payments for indoor tanning services during the year?
   d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an
      explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
   b Did the organization receive any payment from or engage in any transaction with a controlled entity within the
      meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of
      Form 990-EZ (see instructions)
Form 990-EZ (2011) DREAMS OF HOPE 43-2057957

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If “Yes,” complete Schedule C, Part II.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E.

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If “Yes,” was the related organization a section 527 organization?

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

(a) Name and address of each employee paid more than $100,000

(b) Title and average hours per week devoted to position

(c) Reportable compensation (Forms W-2/1099-MISC)

(d) Health benefits, contributions to employee benefit plans, and deferred compensation

(e) Estimated amount of other compensation

None

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

(a) Name and address of each independent contractor paid more than $100,000

(b) Type of service

(c) Compensation

None

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

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

SETH ROSENBERG TREASURER

Print/Type preparer's name

Mitchell K. Mckenney

Preparer's signature

Buckler, Mckenney & Nadzadi, PC

Firm's EIN

25-1769537

Firm's name

116 Fox Plan Road

Firm's address

Monroeville, PA 15146

Phone no.

412-856-7880

May the IRS discuss this return with the preparer shown above? See instructions.

X Yes  No  

SETH ROSENBERG TREASURER

Print/Type preparer's name

Mitchell K. Mckenney

Preparer's signature

Buckler, Mckenney & Nadzadi, PC

Firm's EIN

25-1769537

Firm's name

116 Fox Plan Road

Firm's address

Monroeville, PA 15146

Phone no.

412-856-7880

May the IRS discuss this return with the preparer shown above? See instructions.

X Yes  No  

Form 990-EZ (2011)
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.

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

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)</td>
</tr>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III—Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III—Other</td>
</tr>
<tr>
<td>e</td>
<td>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).</td>
</tr>
<tr>
<td>f</td>
<td>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</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td>(i)</td>
<td>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?</td>
</tr>
<tr>
<td>(ii)</td>
<td>A family member of a person described in (i) above?</td>
</tr>
<tr>
<td>(iii)</td>
<td>A 35% controlled entity of a person described in (i) or (ii) above?</td>
</tr>
</tbody>
</table>

Provide the following information about the supported organization(s).}

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants&quot;)</td>
<td>70,941</td>
<td>77,674</td>
<td>45,408</td>
<td>148,411</td>
<td>84,651</td>
<td>427,085</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 Total. Add lines 1 through 3</strong></td>
<td>70,941</td>
<td>77,674</td>
<td>45,408</td>
<td>148,411</td>
<td>84,651</td>
<td>427,085</td>
</tr>
<tr>
<td>5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>146,125</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>280,960</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>70,941</td>
<td>77,674</td>
<td>45,408</td>
<td>148,411</td>
<td>84,651</td>
<td>427,085</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>3,250</td>
<td>4,805</td>
<td>5,160</td>
<td>5,338</td>
<td>10,250</td>
<td>28,803</td>
</tr>
<tr>
<td><strong>11 Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>455,888</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <strong>stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 61.63 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 94.86 % |
| 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization |          | 16a X |
| 16b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization |          | 16b X |
| 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |          | 17a 17a |
| 17b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization |          | 17b 17b |
| 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 |          | 18 18 18 |

Schedule A (Form 990 or 990-EZ) 2011
Schedule A (Form 990 or 990-EZ) 2011  DREAMS OF HOPE  43–2057957  Page 3

Part III  Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support
Calendar year (or fiscal year beginning in) u  

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public support (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Total Support
Calendar year (or fiscal year beginning in) u  

<table>
<thead>
<tr>
<th></th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2010 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2010 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>33 1/3% support tests—2011. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33 1/3% support tests—2010. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2011

DAA
Schedule A (Form 990 or 990-EZ) 2011  DREAMS OF HOPE  43-2057957  Page 4

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HONORARIA</td>
<td>$10,376</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>$2,839</td>
</tr>
<tr>
<td>PERFORMANCE FEES</td>
<td>$13,288</td>
</tr>
<tr>
<td>REGISTRATION FEES</td>
<td>$1,925</td>
</tr>
<tr>
<td>MERCHANDISE SALES</td>
<td>$375</td>
</tr>
<tr>
<td>Name of the organization</td>
<td>Employer identification number</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>DREAMS OF HOPE</td>
<td>43-2057957</td>
</tr>
</tbody>
</table>

**Organization type (check one):**

<table>
<thead>
<tr>
<th>Filers of</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>☒ 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☐ 501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☐ 501(c)(3) taxable private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
</tbody>
</table>

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MUKTI FUND 101 TRESCONY STREET SANTA CRUZ CA 95060</td>
<td>$30,000</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>2</td>
<td>THE PITTSBURGH FOUNDATION FIVE PPG PLACE SUITE 250 PITTSBURGH PA 15222</td>
<td>$5,446</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>3</td>
<td>JOHN J MCDONNELL MARGARET O'BRIEN C/O ERIC FREEDGOOD 667 CARROLL STREET #4 BROOKLYN NY 11215</td>
<td>$15,000</td>
<td>Person X, Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
**Supplemental Information Regarding Fundraising or Gaming Activities**

**Part I Fundraising Activities.** Complete if the organization answered “Yes” to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - [ ] Yes  
   - [ ] No

   b. If “Yes,” list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
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<tr>
<td>10</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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### Part II  
**Fundraising Events.** Complete if the organization answered “Yes” to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>SPECIAL EVENTS</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>28,663</td>
<td></td>
<td></td>
<td></td>
<td>28,663</td>
</tr>
<tr>
<td>2 Less: Charitable contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>28,663</td>
<td></td>
<td></td>
<td></td>
<td>28,663</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>1,542</td>
<td></td>
<td></td>
<td></td>
<td>1,542</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>1,795</td>
<td></td>
<td></td>
<td></td>
<td>1,795</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>4,099</td>
<td></td>
<td></td>
<td></td>
<td>4,099</td>
</tr>
</tbody>
</table>

| Direct expense summary. Add lines 4 through 9 in column (d) | 7,436 |
| Net income summary. Combine line 3, column (d), and line 10 | 21,227 |

### Part III  
**Gaming.** Complete if the organization answered “Yes” to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Combine line 1, column d, and line 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization operates gaming activities:
   a Is the organization licensed to operate gaming activities in each of these states? 9a [ ] Yes [ ] No
   b If “No,” explain: 

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year? 10a [ ] Yes [ ] No
   b If “Yes,” explain: 

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**DREAMS OF HOPE**

43-2057957
11. Does the organization operate gaming activities with nonmembers?
   Yes [ ] No [ ]

12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
   formed to administer charitable gaming?
   Yes [ ] No [ ]

13. Indicate the percentage of gaming activity operated in:
   a. The organization’s facility 13a %
   b. An outside facility 13b %

14. Enter the name and address of the person who prepares the organization’s gaming/special events books and
    records:
    Name u
    Address u

15a. Does the organization have a contract with a third party from whom the organization receives gaming
    revenue?
    Yes [ ] No [ ]
    If “Yes,” enter the amount of gaming revenue received by the organization u $ and the
    amount of gaming revenue retained by the third party u $.

15b. If “Yes,” enter name and address of the third party:
    Name u
    Address u

16. Gaming manager information:
    Name u
    Gaming manager compensation u $.
    Description of services provided u
    Director/officer [ ] Employee [ ] Independent contractor [ ]

17. Mandatory distributions:
   a. Is the organization required under state law to make charitable distributions from the gaming proceeds to
      retain the state gaming license?
      Yes [ ] No [ ]
   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or
      spent in the organization’s own exempt activities during the tax year u $.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b,
columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
part to provide any additional information (see instructions).
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HONORARIA/PERFORMANCE FEES</td>
<td>$ 7,950</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 7,950</strong></td>
</tr>
</tbody>
</table>

**Form 990-EZ, Part I, Line 8 - Other Revenue**

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARKETING/PR PROGRAM</td>
<td>$ 6,538</td>
</tr>
<tr>
<td>SUPPLIES</td>
<td>$ 2,235</td>
</tr>
<tr>
<td>WEB DESIGN AND MAINTENANCE</td>
<td>$ 770</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>$ 7,361</td>
</tr>
<tr>
<td>MEALS &amp; ENTERTAINMENT</td>
<td>$ 1,374</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>$ 2,574</td>
</tr>
<tr>
<td>REHEARSAL SPACE RENT</td>
<td>$ 1,800</td>
</tr>
<tr>
<td>YEARLY SERVICE FEES</td>
<td>$ 475</td>
</tr>
<tr>
<td>INTEREST &amp; PENALTIES</td>
<td>$ 68</td>
</tr>
<tr>
<td>VOLUNTEER RECOGNITION</td>
<td>$ 150</td>
</tr>
<tr>
<td>PAYROLL PROCESSING FEES</td>
<td>$ 300</td>
</tr>
<tr>
<td>YOUTH STIPEND</td>
<td>$ 2,755</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>$ 1,210</td>
</tr>
<tr>
<td>OTHER PRODUCTION</td>
<td>$ 606</td>
</tr>
<tr>
<td>PERFORMANCE SPACE RENTAL</td>
<td>$ 7,280</td>
</tr>
<tr>
<td>STAGE HANDS</td>
<td>$ 40</td>
</tr>
<tr>
<td>VIDEOGRAPHY</td>
<td>$ 150</td>
</tr>
</tbody>
</table>
Form 990-EZ, Part III - Primary Exempt Purpose

THROUGH THE POWER OF THE ARTS, DREAMS OF HOPE PROVIDES THE REGION’S LGBTQ AND ALLIED YOUTH A WELCOMING ENVIRONMENT TO GROW IN CONFIDENCE, EXPRESS THEMSELVES AND DEVELOP AS LEADERS. THEIR CREATIVE CONTRIBUTIONS EDUCATE AUDIENCES, BUILD AWARENESS AND INCREASE ACCEPTANCE.

Form 990-EZ, Part III, Line 28 - First Accomplishment

DREAMS OF HOPE IS A CREATIVE AND PERFORMING ARTS ORGANIZATION FOR YOUTH. THE ORGANIZATION HAS THREE PROGRAMS, A PERFORMANCE TROUPE FOR AGES 13-21, SUMMER ARTS CAMP, QAMP!, FOR AGES 13-17, AND A WEB BASED POETRY WORKSHOP WITH MONTHLY LIVE POETRY READINGS FOR PEOPLE UNDER 21. ALL PROGRAMS ARE LED BY PROFESSIONAL WORKING ARTISTS.