

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Form **990-EZ**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: DREAM ON INTERNATIONAL
 Number and street (or P O box, if mail is not delivered to street address): P O BOX 333
 City or town, state or province, country, and ZIP or foreign postal code: BEDFORD HILLS NY 10507

D Employer identification number: 26-2184595
E Telephone number: (914) 234-4460
F Group Exemption Number: ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ WWW.DREAMONINTERNATIONAL.ORG

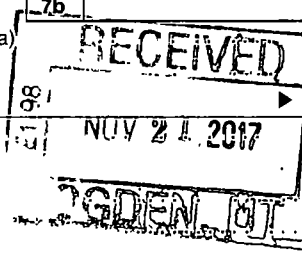
J Tax-exempt status (check only one): 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 122,521

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|--|-----------|---------|
| SCA Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 122,521 |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b 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) | 6b | | |
| c Less direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 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 in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 122,521 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 102,139 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe in Schedule O) | 16 | 20,612 |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 122,751 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -230 |
| | 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 | 6,376 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 6,146 |



9/28/10

8

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 with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

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.

Table for program service accomplishments with rows 28-32. Includes columns for description and expenses. Row 28: SEE ATTACHMENT #2. Row 29: (Grants \$ 102,139) If this amount includes foreign grants, check here. Row 30: (Grants \$) If this amount includes foreign grants, check here. Row 31: Other program services (describe in Schedule O). Row 32: Total program service expenses (add lines 28a through 31a) 102,139.

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 with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: SEE ATTACHMENT #3.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b 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... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9. 39b 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 section 4911; section 4912; section 4955. 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... 40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. 42a The organization's books are in care of. Telephone no. Located at. ZIP + 4. 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside the United States? 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? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

| | | Yes | No |
|----|--|-----|----|
| 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 | 46 | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

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

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

| (a) Name and title of each employee | (b) 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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

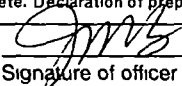
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

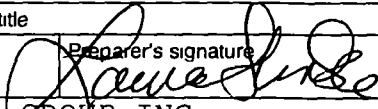
d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer 11/14/2017
Date
JENNIFER MILLETT BARRETT PRESIDENT
 Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|---|-------------------------|---|--------------------------|
| Print/Type preparer's name LAURA KIMBLE | Preparer's signature  | Date 11/14/17 | Check <input type="checkbox"/> if self-employed | PTIN P00706574 |
| Firm's name ▶ HRB TAX GROUP INC | Firm's EIN ▶ 431871840 | | Phone no. 203-622-7326 | |
| Firm's address ▶ 41 W PUTNAM AVE | | | | |

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization
DREAM ON INTERNATIONAL

Employer identification number
26-2184595

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 82,458 | 113,835 | 99,940 | 111,710 | 122,521 | 530,464 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 82,458 | 113,835 | 99,940 | 111,710 | 122,521 | 530,464 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 530,464 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 82,458 | 113,835 | 99,940 | 111,710 | 122,521 | 530,464 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 82,458 | 113,835 | 99,940 | 111,710 | 122,521 | 530,464 |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests -- 2016. 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 -- 2015. 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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990 or 990-EZ.

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PART III, PAGE 2 - THE MISSION - TO COMBAT GENDER BASED VIOLENCE AND
HUMAN TRAFFICKING AND THE UNDERLYING CAUSES USING A CULTURALLY
SENSITIVE COMMUNITY-BASED APPROACH

DREAM ON INTERNATIONAL VISION - DREAM ON ENVISIONS A WORLD WHERE
FREEDOM FROM SLAVERY IS AN INDOMITABLE RIGHT FROM BIRTH AND ACCESS TO
BASIC HUMAN RIGHTS PAVES THE WAY TOWARD FULFILLMENT OF DREAMS AND
ASPIRATIONS.

PART IV, PAGE 2 DIRECTORS AND OFFICERS - AVERAGE HOURS PER WEEK
DEVOTED TO POSITION

JENNIFER MILLETT- BARRETT - PRESIDENT 40.00 HOURS PER WEEK

TATIANA KOTLYARENKO - DIRECTOR 15.00 HOURS PER WEEK

BILL BARRETT - DIRECTOR 10.00 HOURS PER WEEK

BRANDON MILLETT - DIRECTOR 5.00 HOURS PER WEEK

PART I LINE 10 PROGRAMS EXPENSES - TOTAL \$102,139

DREAM ON HOME - \$51,916

RESCUE SPONSORSHIP - \$22,500

PREVENTION SPONSORSHIP GHANA - \$16,895 AND KENYA \$270

GOODS FOR CHILDREN - \$5,268

GOLDA MEIR ACADEMY - \$4,515

RESCUE MISSIONS - 775

PART I LINE 16 - OTHER EXPENSES - \$20,612

TRAVEL - \$5,476

INDEPENDENT CONTRACTORS GHANA - \$5,031

COMMUNICATION/WEB/TELECOM - \$3,543

LEGAL - CORPORATE - \$2,300

TAXES AND BANK/WIRE FEES - 1,990

ADVERTISING AND EVENTS - \$1,179

OFFICE EXPENSE, POSTAGE, COMPUTER - \$1,093

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PART 111 PAGE 2 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS - TOTAL
AMOUNT CONTRIBUTED TOWARD PROGRAMS IN GHANA - \$101,869

DREAM ON INTERNATIONAL (DO) OPERATES IN MANY LOCATIONS THROUGHOUT GHANA TO PROVIDE REHABILITATIVE CARE AND PROTECTION FOR CHILDREN WHO HAVE BEEN VICTIMS OF HUMAN TRAFFICKING, SEXUAL VIOLENCE, AND CHILD - DREAM ON COLLABORATES WITH SEVERAL PRIVATE SCHOOLS, NON-GOVERNMENTAL ORGANIZATIONS, AND THE DEPARTMENT OF SOCIAL WELFARE (DSW) IN GHANA TO ENSURE CHILDREN ARE ENROLLED IN DAY OR BOARDING SCHOOLS AND RECEIVING PROPER SUPERVISION, SHELTER, SECURITY FOOD, EDUCATIONAL PROVISIONS, MEDICAL CARE, AND EMOTIONAL SUPPORT.

IN 2016, DREAM ON CONTINUED TO OPERATE THE DREAM ON RESIDENTIAL HOME IN ACCRA, GHANA. - THE HOME SERVES EIGHT YOUNG ADULTS WHO ARE FULL-TIME RESIDENTS AND EIGHT ADDITIONAL YOUNG ADULTS WHO JOIN THE HOME DURING HOLIDAYS AND VACATIONS FROM BOARDING SCHOOL.

DREAM ON ALSO FOCUSES ON PREVENTATIVE MEASURES TO HELP CHILDREN WHO ARE ON THE BRINK OF BECOMING ORPHANED OR SOLD INTO SLAVERY. - THIS YEAR, DREAM ON CONCENTRATED ITS PREVENTATIVE EFFORTS ON EDUCATIONAL AND MEDICAL SPONSORSHIP.

OFTEN TIMES, A CHILD IS ONE ILLNESS AWAY FROM LOSING HIS/HER PARENTS, OR ONE DAY AWAY FROM BEING SOLD INTO SLAVERY. - OUR GOAL IS ALIGNED WITH DSW'S MISSION, WHICH IS TO KEEP CHILDREN IN THE HOME WITH THEIR FAMILIES AS OFTEN AS POSSIBLE.

DREAM ON RESIDENTIAL HOME: \$51,916 - OPERATIONAL EXPENSES OF THE DREAM ON RESIDENTIAL HOME INCLUDING FOOD, RENT, ELECTRICITY, WATER, ETC.

RESCUE SPONSORSHIP: \$22,500 - THIS AMOUNT INCLUDES AND BOARDING FEES FOR CHILDREN ATTENDING SEVERAL DIFFERENT SCHOOLS IN GHANA AT THE ELEMENTARY, JUNIOR, AND SENIOR HIGH SCHOOL LEVEL AS WELL AS UNIVERSITY.

PREVENTION SPONSORSHIP: \$16,895 - PREVENTATIVE SCHOLARSHIPS ARE GRANTED TO STUDENTS IN VARIOUS REGIONS OF GHANA. WE CURRENTLY HAVE CHILDREN ENROLLED IN 16 DIFFERENT SCHOOLS THROUGHOUT GHANA.

GOODS FOR CHILDREN: \$5,268 - VITAMINS, MEDICINE, TOILETRIES, CLOTHING, AND ELECTRONICS SUCH AS COMPUTERS, PHONES, CHARGERS, CARRY CASES, ETC.

GOLDA MEIR ACADEMY: \$4,515 - THIS AMOUNT INCLUDES SPONSORSHIP OF CHILDREN AND TEACHERS' SALARIES.

RESCUE MISSIONS: \$775 - THE COSTS ASSOCIATED WITH SAFELY REMOVING CHILDREN FROM ABUSIVE SITUATIONS.

DETAILS OF GRANT TO KENYA: PREVENTION SPONSORSHIP: \$270 - DREAM ON PROVIDES CARE FOR ONE GIRL IN KENYA WHO ATTENDS AND BOARDS AT A SENIOR SECONDARY SCHOOL.

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Name of the organization

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Employer identification number

26-2184595

PAGE 3 PART V LINE 42A - BOOKS ARE IN THE CARE OF

JENNIFER MILLETT-BARRETT - P O BOX 333 BEDFORD HILLS, NY 10507