

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

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 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">I Have A Dream - Overtown Inc.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>5104 SW 72 Ave</p> City or town, state or province, country, and ZIP or foreign postal code <p>Miami FL 33155-5530</p>	D Employer identification number <p style="text-align: center;">59-3775722</p> E Telephone number <p style="text-align: center;">305-669-1350</p> G Gross receipts \$ 219,463
F Name and address of principal officer: <p>Mark Buchbinder 5104 SW 72nd Avenue Miami FL 33155</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.ihad.org		L Year of formation: 2003
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">The Organization's mission is to aid underprivileged students through participation in a variety of academic, social, creative and recreational enrichment programs.</p>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1	
	6 Total number of volunteers (estimate if necessary)	6	25	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	251,709	216,437	
	9 Program service revenue (Part VIII, line 2g)	0	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,298	3,026	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	253,007	219,463	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	58,396	61,139	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 137			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	124,927	119,717	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	183,323	180,856	
	19 Revenue less expenses. Subtract line 18 from line 12	69,684	38,607	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	349,317	387,924	
	21 Total liabilities (Part X, line 26)	0	0	
	22 Net assets or fund balances. Subtract line 21 from line 20	349,317	387,924	

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">Mark Buchbinder</p> Type or print name and title <p style="text-align: center;">President</p>	Date <p style="text-align: center;">5/28/2015</p>
Paid Preparer Use Only	Print/Type preparer's name <p>Charles J. Hirsh</p> Preparer's signature <p style="text-align: center;"><i>Charles J. Hirsh</i></p> Date <p style="text-align: center;">5/22/2015</p> Check <input type="checkbox"/> if self-employed PTIN <p style="text-align: center;">P00047407</p>	Firm's name ▶ Hirsh and Company, CPA's Firm's EIN ▶ 59-2161649 Firm's address ▶ 7990 SW 117th Ave Ste 215 Miami, FL 33183-4865 Phone no. 305-595-7100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

EXTENSION FORM 8068 ATTACHED

Form **990** (2014)

EXTENDED DUE DATE 8/17/15