

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

- ▶ 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.

2015
Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning

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

C Name of organization **Dreamscape Foundation Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
9 Marcin Way
 City or town, state or province, country, and ZIP or foreign postal code
Flanders, NJ 07836

D Employer identification number
46-4401372

E Telephone number
(201) 312-8102

G Gross receipts \$ **251,725.**

F Name and address of principal officer: **Davey M. Sehvani**
9 Marcin Way Flanders, NJ 07836

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.dreamscapefoundation.com**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2013**

M State of legal domicile: **NJ**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To aid those impacted by rare disabilities and diseases with a goal to help them achieve success and to fund a cure			
	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 IV, line 1a)	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	32	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		251,725.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		251,725.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,644.	215,146.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,708.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,922.	4,024.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,566.	219,170.
19	Revenue less expenses. Subtract line 18 from line 12	-29,566.	32,555.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	17,706.	43,469.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,706.	43,469.

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 _____ Date _____
 ▶ **Davey M. Sehvani, Chairman**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name		Firm's EIN ▶		
Firm's address		Phone no.		

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