			l		Sho	rt Form				OMB No. 1545-1150
Form	99	0-EZ			Organization	-				2013
					or 4947(a)(1) of the li			-	-	Open to Public
Depa	rtment of	the Treasury			ocial Security number		-			Inspection
		ue Service			out Form 990-EZ and				990.	
				ear beginning		, 2013	, and ending			, 20
		oplicable:	C Name of organ							entification number
=	ddress ch	0		FOR DREAMS				<u> </u>	32-0270	
	ame chai	-	Number and street	t (or P.O. box, if mail	is not delivered to street add	iress)	Room/suite	• <b>  E</b> T	elephone nu	Imber
=	itial retur									
=	erminated		PO BOX 81							06-3315
	mended I	return			and ZIP or foreign postal co	de			roup Exemp	otion
		n pending		IL 60204-					umber 🕨	
			🛛 Cash 🗌		er (specify) 🕨			H Checl		the organization is <b>not</b>
				RDREAMS . OR						Schedule B
			check only one)				a)(1) or 527	r (Form	990, 990-E	Z, or 990-PF).
		-	Corporatio				-			
				0	receipts. If gross rece	•				
È		. ,	,		rm 990 instead of For					
Ра	rt I		-		ges in Net Asse					· _
			v		O to respond to any q					
	1			and similar amo					· · ·	79,355
	2	-			nent fees and contract			• • • • • •		
	3		dues and asse	ssments · ·					3	
	4	Investment in					1 1		• • 4	50
					n inventory					
				d sales expense			5b			
		-	-		inventory (Subtract li	ne 5b from line 5a	a) ••••		· · · 5c	
	6	-	fundraising eve							
	а			-	e G if greater than		1 1			
Revenue		<i>\</i> ,,					6a			
eve	b			ing events (not i			of contril	butions		
Ř			•	, , ,	attach Schedule G if	the	1 1			
			•		s exceeds \$15,000)		6b	11,9		
			-	gaming and fund	-	• • • • • • • • •	6c	4,5	65	
	d		. , .	•	aising events (add lin	es 6a and 6b and	subtract			
		/							••• 6d	7,340
				ss returns and al			7a			
		Less: cost of					7b			
					(Subtract line 7b from					
	8									
	9				7c, and 8					86,745
	10				edule O)					46,821
	11		d to or for memb							
sa	12		•	on, and employee						
Expenses	13				lependent contractors					380
хрє	14			nd maintenance						833
ш	15		-	ge, and shipping						255
	16	•		1 Schedule O)						7,912
	17				47 (mar line 0)					56,201
<i>s</i>	18				17 from line 9)				• • • 18	30,544
Net Assets	19				year (from line 27, co		-			
As	~~			on prior year's re					- +	22,571
Net	20				es (explain in Schedul					
	21				Combine lines 18 thro	ough 20 • • •			.► 21	53,115
For EEA	Paperv	work Reducti	on Act Notice,	see the separa	te instructions.					Form <b>990-EZ</b> (2013)

-	m 990-EZ (2013) SUPPLIES FOR DREAMS INC				32-0	270	714 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to respond to	any question in this Pa	art II				· · · · · · · · · 🛛
				(A) Begi	nning of year	<b> </b>	(B) End of year
	Cash, savings, and investments				22,571	22	49,105
	Land and buildings		-		0	23	0
	Other assets (describe in Schedule O)				0	24	4,010
	Total assets		•••••		22,571	25 26	53,115
	Total liabilities (describe in Schedule O)				0	20	0 53,115
	art III Statement of Program Service Accompli			Part III)	22,571	21	Expenses
	Check if the organization used Schedule O to respond to	·		,	_	(Rec	quired for section
Wh	at is the organization's primary exempt purpose? <b>PROVIDE SCH</b>					1	(c)(3) and 501(c)(4)
							inizations and section
	scribe the organization's program service accomplishments for eacl measured by expenses. In a clear and concise manner, describe th			es,		-	7(a)(1) trusts; optional
	sons benefited, and other relevant information for each program titl					for o	thers.)
28	SCHOOL SUPPLIES PROVIDED TO NEEDY STUDENTS						
	(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here		▶ 📋	28a	46,821
29							
	(Cranta C	cludes foreign grants, c	hook horo			29a	
30	(Grants \$ ) If this amount inc	ciudes ioreign grants, c				2.54	
	(Grants \$ ) If this amount inc	cludes foreign grants, c	heck here		► 🔲	30a	
31	Other program services (describe in Schedule O)					-	
	(Grants \$ ) If this amount ind	cludes foreign grants, c	heck here		► 🗌	31a	
	Total program service expenses (add lines 28a through 31a)					32	46,821
Pa	art IV List of Officers, Directors, Trustees, and Key Employ	yees (list each one eve	en if not comp	ensated	I (see the instruc	tions	for Part IV)
	Check if the organization used Schedule O to respond to	o any question in this F	Part IV			· · ·	· · · · · · · · · · · · · · · · · · ·
		(b) Average	(c) Reportal compensati		(d) Health benefits contributions to emp		(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Form W-2/1099	-MISC)	benefit plans, and	1 I	other compensation
	ROTSUGU KAWASHIMA		(if not paid, e	nter -0-)	deferred compensa	ation	
	ESIDENT	0		0		o	0
<u>F</u> IQ	LGIDENI	Ŭ Ŭ					
_							
						_	
						-+	

_	90-EZ (2013) SUPPLIES FOR DREAMS INC 32-0270	714	F	Page 3
Pa				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		·⊔
			Yes	No
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	33		Х
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)	34		Х
35 a	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)?	35a		Х
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	35b		
с	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	35c		Х
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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		Х
	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?	38a		Х
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			
	Gross receipts, included on line 9, for public use of club facilities	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 a	section 4911  ; section 4912 ; section 4955			
h	Section 4911 Section 4912 Section 4912 Section 4912 Section 4912 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
D				
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		v
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		Х
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			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			3.7
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of HOROTSUGU KAWASHIMA Telephone no. 312-2			
	Located at PO BOX 8130, Evanston, IL ZIP + 4 60204			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
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	44b		Х
с	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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)	45b		Х
		Form 99	0.57	
EE	A F	0111.98	,0-EZ (	2013)

Form	990-EZ (201	13) SUPPLIES FOR DI	REAMS INC				32-02	27071	4	F	Page 4
								_		Yes	No
46		organization engage, directly or indirectly,		ities on beha	If of or in opp	position					
_		idates for public office? If "Yes," complete							46		Х
Par		Section 501(c)(3) organizations									
		All section 501(c)(3) organization	s must answer quest	ions 47-49	9b and 52	, and com	plete the ta	ables	tor I	ines	
		50 and 51.					<i>n</i>				_
		Check if the organization used Se	chedule O to respond	to any qu	lestion in	this Part V	/	<u></u>	• •		·⊔
								Г		Yes	No
47		organization engage in lobbying activities			-						
						• • • • • •		· ·  -	47		Х
48		rganization a school as described in section		-				· ·  -	48		Х
49a		organization make any transfers to an exe	•	0	1? •••				49a		Х
b		" was the related organization a section 52	0				••••	··L	49b		<u> </u>
50		te this table for the organization's five high									
	employe	ees) who each received more than \$100,0	UU of compensation from ti	ne organizati	on. If there						
			(b) Average		oortable	(d) Health contributions	benefits, to employee	(e) Es	timate	d amou	nt of
		(a) Name and title of each employee	hours per week devoted to position		ensation 2/1099-MISC)		and deferred	oth	ner co	npensat	ion
				(1 01113 11 2	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		indution				
	-										
NON	5										
f	Total nu	umber of other employees paid over \$100,	000			1					
51		te this table for the organization's five high		dent contrac	tors who eac	- h received n	nore than				
	•	00 of compensation from the organization.	•								
	(a)	Name and business address of each independent cor	itractor	(b	) Type of servic	e	(c	) Compe	nsatio	n	
NON	2										
<u> </u>	- · ·			ļ							
d		umber of other independent contractors ea	<b>e</b>								
52		organization complete Schedule A? Note							<b>V</b>		
		mpt charitable trusts must attach a comple						X	Yes		No
		f perjury, I declare that I have examined this return, inc				my knowledge a	and belief, it is				
true, c	orrect, and	complete. Declaration of preparer (other than officer) i	s based on all information of which	preparer has ar	iy knowledge.						
Sim	n	HOROTSUGU KAWASHIMA Signature of officer				Date					
Sig Her						Date					
пег	e	HOROTSUGU KAWASHIMA, PI Type or print name and title	RESIDENT								
		Print/Type preparer's name	Preparer's signature		Date	1	а П. <i>и</i>	PTIN			
Dele							Check if if self-employed			<u> </u>	
Paid		DAVID ISONO	DAVID ISONO		04-21-20	<u>'</u>		₽002	311	.o∠	
Prep		Firm's name DAVID ISONO CP2				Firm's E					
use	se Only Firm's address • 8017 LINCOLN AVENUE										
May	the IDS of	SKOKIE IL 6007 discuss this return with the preparer showr				Phone	no. 84/-(	<u>674-8</u>	<u>570</u> Yes		No
											(2013)
EEA								101	11 33	J-EZ (	<u>د</u> رانع)

SCHEDULE A		DULE A	Public Charity Status and Public Support								OMB No. 1545-0047		
(Foi	m 99	00 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								2	013	
Depa	rtment	of the Treasury		Attach to F							•	to Pub	
		venue Service	Informatio	n about Schedule A (Form 990	or 990-EZ) an	d its instruct	tions is at www.irs.	.gov/for				pectior	1
		e organization	40 TNO							identificatio	n numbei		
_	rt I	ES FOR DREAM		y Status (All organiz	vations m	nust com	plete this pa	art.) S		270714 ructions			
				ause it is: (For lines 1 thro				,					
1	П	•		association of churches d	•		,						
2	П			(1)(A)(ii). (Attach Schedu									
3	П		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		-		ated in conjunction with a				)(1)(A)	(iii). Ente	r the			
		hospital's name,	city, and state:										
5		An organization of	operated for the bene	fit of a college or universi	ity owned o	r operated	by a governme	ntal u	nit describ	ed in			
		section 170(b)(1	I)(A)(iv). (Complete F	Part II.)									
6		A federal, state, o	or local government of	or governmental unit desc	ribed in se	ction 170(	b)(1)(A)(v).						
7	Х	An organization t	that normally receive	s a substantial part of its s	support fron	n a govern	mental unit or fr	rom th	e general	public			
	_		tion 170(b)(1)(A)(vi)										
8	Ц	-		on 170(b)(1)(A)(vi). (Com	-								
9	Ш	-	-	s: (1) more than 33 1/3%						-			
		-		xempt functions - subject		-							
				e and unrelated business			-	) from	business	es			
10	П		-	te 30, 1975. See <b>section</b> ted exclusively to test for p			-						
11	Н	0	•	ted exclusively to test for ted exclusively for the ber				to car	rv out the				
••		-		ported organizations desc					•				
				es the type of supporting		-				, ootion			
		a 🗌 Type I	<b>b</b> 🗌 Ту		-		-			-Non-funtio	onally in	tegrate	d
е		By checking this	box, I certify that the	organization is not contro				ore dis	qualified p	persons		•	
		other than foundation	ation managers and	other than one or more pu	blicly supp	orted orga	nizations descri	ibed in	section 5	i09(a)(1)			
		or section 509(a)	(2).										
f		If the organizatio	n received a written o	determination from the IRS	S that it is a	і Туре I, Ту	/pe II, or Type II	II supp	oorting				
		organization, che										• • •	••.
g				ization accepted any gift	or contribut	ion from a	ny of the						
		following persons											<u> </u>
			-	ly controls, either alone or	-	hth person	s described in (i	II) and				Yes	No
				f the supported organization				• • •			11g(i		<u> </u>
				scribed in (i) above? • • • • • • • • • • • • • • • • • • •							• 11g(ii		<u> </u>
h				ut the supported organiza				• • •			11g(ii	<u>n</u>	
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	rganization	(v) Did you notif	fv	(vi)	s the	(vii) Amo	ount of mo	onetany
	.,	organization	()	(described on lines 1-9	in col. (i) list	ted in your	the organization	in	organizat	ion in col.	(, /	support	Shotary
				above or IRC section (see instructions))	governing o	iocument?	col. (i) of your support?		(i) organiz U.	S.?			
					Yes	No	Yes N	No	Yes	No			
(A)													
(B)													
<u></u>													
(C)													
(D)													
(E)													
(=)													
<b>-</b>													
Tota		muork Doduction		Instructions for						<u> </u>	(m		
ror	rape	WOIN REQUCTION	Act Notice, see the	- mail uctions 10f						Schedule A	(rorm 99	1 OL AAO-	⊏∠) 2013

Form 990 or 990-EZ. ion Act Notice, see the Instructions fo

Schedule A (Form 990 or 990-EZ) 2013

Page 2

 
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,987	60,600	53,473	83,281	79,355	288,696
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	11,987	60,600	53,473	83,281	79,355	288,696
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)						
6	Public support. Subtract line 5 from line 4 • •						288,696
	tion B. Total Support	(-) 0000	(1-) 0040	(-) 0011	(-1) 0040	(-) 0040	(D T + + - )
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	11,987	60,600	53,473	83,281	79,355	288,696
0	payments received on securities loans,						
	rents, royalties and income from similar sources				24	50	74
					24	50	/4
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) • • • • • • • • • • •						
11	<b>Total support.</b> Add lines 7 through 10						200 770
12	Gross receipts from related activities, etc. (s					12	288,770
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
Sec	organization, check this box and stop here tion C. Computation of Public Su						
14	Public support percentage for 2013 (line 6,		•	(f))		14	99.97 %
15	Public support percentage for 2013 (intel0, Public support percentage from 2012 Sched		-			15	<u>99.97 //</u> %
16a	<b>33 1/3% support test - 2013.</b> If the organiz					-	/0
	box and <b>stop here</b> . The organization qualifi						🕨 🕅
b	33 1/3% support test - 2012. If the organiz				s 33 1/3% or more		
	check this box and <b>stop here.</b> The organiza					, 	▶ □
17a	10%-facts-and-circumstances test - 2013	•		0	or 16b. and line 14	lis	
	10% or more, and if the organization meets	0					
	Part IV how the organization meets the "fac						
	organization • • • • • • • • • • • • • • • • • • •		-				► 🔲
b	10%-facts-and-circumstances test - 2012						
	15 is 10% or more, and if the organization n	neets the "facts-and	d-circumstances" t	est, check this box	and stop here.		
	Explain in Part IV how the organization mee	ts the "facts-and-ci	rcumstances" test	. The organization	qualifies as a publi	cly	
	supported organization						► 🔲
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	<u></u>	<u></u>	<u></u>	<u></u> .	<u></u> <u>.</u> .	· · · · · ► 🔲
EEA						Schedule A (Form	n 990 or 990-EZ) 2013

# Schedule A (Form 990 or 990-EZ) 2013 SUPPLIES FOR DREAMS INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

32-0270714

Page 3

(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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨 _	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 bus. under sec 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 • • • • • • •						
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						
С	Add lines 7a and 7b · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •						
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						
С	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 IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
	First five years. If the Form 990 is for the org organization, check this box and stop here						
	ction C. Computation of Public Su		-				
	Public support percentage for 2013 (line 8, co	.,		(f)) • • • • •		- 15	%
-	Public support percentage from 2012 Schedul					. 16	%
Se	ction D. Computation of Investmer						
17	Investment income percentage for 2013 (line	10c, column (f) c				- 17	%
18	Investment income percentage from 2012 Sch	nedule A, Part III	l, line 17 • • • •			. 18	%
19a	<b>33 1/3% support tests - 2013.</b> If the organiza 17 is not more than 33 1/3%, check this box a						► 🗌
b	<b>33 1/3% support tests - 2012.</b> If the organiza line 18 is not more than 33 1/3%, check this b						► 🗆
20	Private foundation. If the organization did no	t check a box or	n line 14, 19a, or 19	b, check this box	and see instruction	IS • • • • •	🕨 🔲

Schedule B (Form 990, 990-EZ,

Department of the Treasury

or 990-PF)

## Schedule of Contributors

OMB No. 1545-0047

2013

### Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization Employer identification number SUPPLIES FOR DREAMS INC 32-0270714 Organization type (check one): Filers of: Section: 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

EEA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	FLOWERS FOR DREAMS 1616 WASHINGTON AVENUE Wilmette, IL 60091	\$17,410	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2	MARK MORTON MEMORIAL FUND 233 S WACKER DR Chicago, IL 60606	\$5,000	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	PAUL AND PEARLE CASLOW FOUNDATION 950 MILWAUKEE ROAD Glenview, IL 60025	\$5,000	Person     Image: Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_4	SPRINGBOARD FOUNDATION 111 E WACKER DR, SUITE 1400 Chicago, IL 60601	\$5,000	Person X Payroll C Noncash C (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_5	DANIEL F + ADA L RICE FOUNDATION 8600 GROSS POINT ROAD Skokie, IL 60077	\$5,000	Person     Image: Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	RONALD H RINGER FOUNDATION 615 CROFTON AVE S Highland Park, IL 60035	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

SUPPLIES FOR DREAMS INC

Employer identification number 32-0270714

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	artment of the Treasury Attach to Form 990 or 990-EZ.				
Name of the organization		Employer ident	tification number		
SUPPLIES FOR DRE	AMS INC	32-027071	.4		
01. List of	grants and similar amounts paid (Part I, lin	e 10)			

Activity	SCHOOL SUPPLIES FOR NEEDY STUDENTS
Grantee	VARIOUS
Relationship	NONE
Amount	46,821

## 02. Description of other expenses (Part I, line 16)

Description	Amount
	6.007
FUNDRAISING	4,937
SUPPLIES	228
TELEPHONE	336
WEBSITE	1,840
BANK CHARGES	120
MISCELLANEOUS	451

## 03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year	
SECURITIES	0	4,010	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)