**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 Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Internal Revenue Service Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number								
	Addres	PEDALS FOR PROGRESS, A NO NON PROFIT										
F	]change ]Name	CORPORATION		122003								
H	change Initial	, , , , , , , , , , , , , , , , , , ,										
F	return Final	Number and street (or P.O. box if mail is not delivered to street address)  86 EAST MAIN STREET		638-4811								
	<pre>return/ termin- ated</pre>		G Gross receipts \$	406,647.								
	Amend		H(a) Is this a group re									
	Application	F Name and address of principal officer:DAVID SCHWEIDENBACK	for subordinates									
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	ncluded? Yes No								
<u></u>	Tax-exe		27 If "No," attach a	list. (see instructions)								
		e: ► WWW.P4P.ORG	H(c) Group exemptio									
			ar of formation: $1991$ N	1 State of legal domicile: $NJ$								
Р		Summary	D DDOGDEGGIG	0031 TO TO								
Ç	1 !	Briefly describe the organization's mission or most significant activities: PEDALS FO	R PROGRESS S	GOAL IS TO								
Governance	;	RESCUE BICYCLES AND SEWING MACHINES DESTINED FOR AMERICA'S  Check this box  if the organization discontinued its operations or disposed of more than 25% of its net ass										
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	1 1	5 Seis.								
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)		4								
Activities &		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		16								
itie		Total number of volunteers (estimate if necessary)		452								
Ċţ		Total unrelated business revenue from Part VIII, column (C), line 12		0.								
٩		Net unrelated business taxable income from Form 990-T, line 34		0.								
			Prior Year	Current Year								
ē	8	Contributions and grants (Part VIII, line 1h)	680,999.	315,243.								
enr		Program service revenue (Part VIII, line 2g)	50,525.	43,053.								
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,066.	3,309.								
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,442.	0.								
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	762,032. 538,254.	361,605. 180,124.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	330,234.	100,124.								
	1	Benefits paid to or for members (Part IX, column (A), line 4)	166,758.	134,828.								
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	0.	134,020.								
Expenses	h	Total fundraising expenses (Part IX, column (A), line 25)   18,023.		<u> </u>								
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,210.	101,575.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	819,222.	416,527.								
	19	Revenue less expenses. Subtract line 18 from line 12	-57,190.	-54,922.								
Net Assets or	3	·	Beginning of Current Year	End of Year								
sets	20	Total assets (Part X, line 16)	136,531.	85,235.								
AS AS	21	Total liabilities (Part X, line 26)	7,200.	14,669.								
킬	22	Net assets or fund balances. Subtract line 21 from line 20	129,331.	70,566.								
_	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is								
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er nas any knowledge.									
Sig		Signature of officer	Date									
He		DAVID SCHWEIDENBACK, PRESIDENT										
	.	Type or print name and title										
		Print/Type preparer's name Preparer's signature	Date Check	PTIN								
Pai		THOMAS R. DARTNELL CPA THOMAS R. DARTNELL C	901/04/16 self-employe	P00224464								
Pre	parer	Firm's name NISIVOCCIA LLP	Firm's EIN ▶	22-1914888								
Use	Only	Firm's address 200 VALLEY RD. SUITE 300										
		MT. ARLINGTON, NJ 07856	Phone no. (9									
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No								

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO SUPPLY ECONOMIC DEVELOPMENT AID BY RECYCLING BICYCLES AND	
	MACHINES IN THE U.S. AND SHIPPING THEM TO THE PEOPLE OF THE	DEVELOPING
	WORLD.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 364,869 • including grants of \$ 180,124 • ) (Revenue \$	43,053.)
	PEDALS FOR PROGRESS'S PRIMARY EXEMPT PURPOSE IS TO SUPPLY, V	
	PARTNERS OVERSEAS, RECONDITIONED AND USED BICYCLES TO LOW-IN	
	FAMILIES IN NEED OF AFFORDABLE TRANSPORT FOR PRODUCTIVE PURE	POSES.
4b	(Code:) (Expenses \$	)
	<u> </u>	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses   364,869.	
	· · · · · · · · · · · · · · · · · · ·	Form <b>990</b> (2014)

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## PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

Form 990 (2014)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
40	If "Yes," complete Schedule D, Part IV	9		21
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

## Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic opcomment on Part X, Coulmy A(I), inter-17 if "Yes," complete Schedule i, Parts I and II				Yes	No
22 I X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? II "Yes," complete Schedule I, Parts I and III 2 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or \$ about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule I. A "X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that vail susued after December 31, 2002? II "Yes," answer fines 24b through 24d and complete Schedule K. If "No! go to line 25a 24	21				
Part X, column (A), line 27 if "Yes," complete Schedule I, Parts I and III		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization sourrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after becember 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If "No! go to line 25s organization was issued after becember 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If "No! go to line 25s organization are sissued after becember 31, 2002? If Yes," answer lines 24b through 24d and complete Schedule K. If "No! go to line 25s organization are sissued after became any tax-exempt bonds? Organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Organization are funding escrow at any time during the year to defease any tax-exempt bonds? Organization so the part of the government of of g	22		22		х
Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year?  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, "complete Schedule L, Part II   25a X X   25b	23				
Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b 24b 24b 24b 24b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002 / 11 "Yes," answer lines 24b through 24d and complete Schedule K. / 11 "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrew account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? / 11 "Yes," complete Schedule L, Part I  25b Is the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? / 11 "Yes," complete Schedule L, Part II  25c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, inghest compensated employees, or disqualified persons? / 11 "Yes," complete Schedule L, Part III		Schedule J	23		Х
Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II  25b Z  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions If "Yes," complete Schedule L, Part IV  30 Did the organization related	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person or luring the year? If "Yes," complete Schedule L, Part I  25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations profess on any organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, exp employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  30 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part II  31 Did the organization on will 10% or an entity disregarded as separate from the organization under Regulation		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations on the disqualified person in a prior year, and that the transaction has not been reported on any of the organization on the disqualified person in a prior year, and that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustee, incomplete Schedule L, Part II   25b   X    25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee there's, grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV   27c   X   28b   X   27c   X   28c   X   27c   X   28c   X			24a		X
any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 did did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 240 did did the organization and the pear? If "iss," complete Schedule I, Part I 25a X betton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "iss," complete Schedule I, Part I 25a X better that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II 25b X 2 bit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, or disqualified persons? If "Yes," complete Schedule I, Part III 25b X 2 bit the organization a party to a business transaction with one of the following parties (see Schedule II) and the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 27b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key empl			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	С				
Section 501(c/X), 501(c/X), and 501(c/X29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the yea? If "Yes," complete Schedule L, Part I		any tax-exempt bonds?			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 266 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X  31 Did the organization elevence schedule M 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X  33 Did the organization on soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 X  35 Did the organization	25a		05-		v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I    25b	<b>.</b>		25a		
Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II   26	D				
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exemp		Octobrilla I Dall	25b		Х
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35a X  35b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33				,,
Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			33		X
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				₩.
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.5	,			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			35a		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  X  37  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	D		25h		
If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36		330		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	50		36		х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				_ <u></u>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	٠.		37		х
	38				
			38	Х	

Form **990** (2014)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Щ					
				Yes	No					
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b U								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			37						
	(gambling) winnings to prize winners?	 I I	1c	X						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	16								
	filed for the calendar year ending with or within the year covered by this return	•		v						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v					
	-		3a 3b		X					
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			х					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a							
D	If "Yes," enter the name of the foreign country:	accurate (FDAD)								
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		5a		Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30							
Va	any contributions that were not tax deductible as charitable contributions?	-	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		0a							
b	were not tax deductible?	-	6b							
7	Organizations that may receive deductible contributions under section 170(c).		OD							
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X					
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	1 1								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	ا عدا								
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445								
40-	amounts due or received from them.)	11b	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		13a							
а	Note. See the instructions for additional information the organization must report on Schedule O.		ioa							
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans	13b								
C	Enter the amount of reserves on hand	13c								
		100	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b							
	,			990	(2014					

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ , PA , CT , VT , NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DAVID SCHWEIDENBACK - 908-638-4811			
	86 EAST MAIN STREET, HIGH BRIDGE, NJ 08829			

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat  (A)	(B)	J. ge	(C)					(D)	(E)	(F)	
Name and Title	Average	l , .	Posi			١		Reportable	Reportable	Estimated	
	hours per	box	(do not check more than box, unless person is bo			is bot	h an	compensation	compensation	amount of	
	week	offic	cer ar	d a d	irecto	or/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the	
	related	stee (	ruste		, n	es ue c		(W-2/1099-MISC)		organization	
	organizations	al tru	onal t		oloye	comp				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations	
(1) JOHN ALEXANDER	2.00	드	ᄪ	Б	조	포 등	요				
TREASURER		x						0.	0.	0.	
(2) JOHN STRACHAN	2.00								-		
TRUSTEE		Х						0.	0.	0.	
(3) ROBERT ZEH	2.00										
SECRETARY		Х						0.	0.	0.	
(4) ANDREW WILLIAMS	2.00	ļ									
TRUSTEE	40.00	Х						0.	0.	0.	
(5) DAVID SCHWEIDENBACK	40.00	X		x				79,750.	0.	9,450.	
CHAIRMAN/PRESIDENT		^		Δ				19,150.	0.	9,450.	
		1									
		1									
		1									
		-									
		1									

Part	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	<u>ighe</u>	st C	Compensated Employe	<b>es</b> (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	<del>;</del>	Es	timate	∍d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount	of
		week (list any	$\vdash$	Corar	10 2 0	111000	Ji/ ti de	1	from	from related			other	
		hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MI			pensa om th	
		related	3e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099****	30)		anizat	
		organizations	truste	al tru		yee	mpe		(** = *********************************				d relat	
		below	idual	Institutional trustee	-e	Key employee	est co loyee	Jer				orga	anizati	ons
		line)	Indi	Insti	Officer of the order	Keye	Highest compensated employee	Form						
		<u> </u>												
			1											
			-											
							_							
			1											
		<del>                                     </del>					$\vdash$					<del>                                     </del>		
			1											
			1											
		<del> </del>												-
			1											
			1											
1b	Sub-total							<b></b>	79,750.		0.		9,4	50.
	Total from continuation sheets to Part V							<b>•</b>	0.		0.		-	0.
	Total (add lines 1b and 1c)								79,750.		0.		9,4	50.
	Total number of individuals (including but n								eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													C
													Yes	No
	Did the organization list any former officer,	•			•	•	•	-	•					
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
	For any individual listed on line 1a, is the su	•		•						the organization				
	and related organizations greater than \$15											4		X
	Did any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-			-		3			77
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		X
	ion B. Independent Contractors									<b>*</b>				
	Complete this table for your five highest co	=	-								npens	ation	rom	
	the organization. Report compensation for	trie caleridar y	ear	enai	ng v	VILII	Or W	'luriir		year.			<u> </u>	
	( <b>A)</b> Name and business	address	NO	INC	F.				<b>(B)</b> Description of s	services	C	Ompe		n
									•					
											l			
											l			
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
	4.55,555 of ouriportsation from the organi	Lation					-							

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Form	1990	(2014) CORPC	RATION	•			22-312	2003 Page <b>9</b>
	rt VII		nue					Ţ.
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, ( Am	С	Fundraising events						
Gif	d	Related organizations	1d					
ns, Sim		Government grants (contribut						
er S	f	All other contributions, gifts, gran						
흱		similar amounts not included abo	ve <b>1f</b>	315,243.				
ont od (	_	Noncash contributions included in lines		169,724.	245 042			
<u>a</u> C	h	Total. Add lines 1a-1f			315,243.			
	_	DEMOLVING BUNDS	1	Business Code 900099	42 OE2	13 053		
/ice		REVOLVING FUNDS		900099	43,053.	43,053.		
Servine	b							
m S	C							
gra Re	d							
Program Service Revenue	e f	All other program service reve	20110					
		Total. Add lines 2a-2f			43,053.			
	3	Investment income (including			20,000			
	other similar amounts)				2,285.			2,285.
	4	Income from investment of ta						
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	46,066.					
	b	Less: cost or other basis	45 040					
		and sales expenses						
		Gain or (loss)			1,024.			1,024.
		Net gain or (loss)		·····	1,024.			1,024.
Other Revenue	оа	Gross income from fundraisin including \$	-					
) Ve		contributions reported on line						
Ŗ		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b			<del>                                     </del>				
	c			<del>                                     </del>				
	a	All other revenue		I				<u> </u>

9

361,605.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and foreign 180,124. 180,124. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 80,278. 4,461. 89,200 4,461. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 31,027. 27,682. 1,059. 2,286. Other salaries and wages 7 Pension plan accruals and contributions (include 4,613 5,037 121 303. section 401(k) and 403(b) employer contributions) Other employee benefits 9 9,564. 8,516. 507. 541. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 13,120 13,120. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 16,440. 5,948. 1,733. 8,759. Office expenses 13 Information technology 14 Royalties 15 14,776. 17,647. 1,888. 983. 16 Occupancy 2,666. 2,326. 340. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 671. 671. Depreciation, depletion, and amortization ..... 22 8,233. 8,233. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 40,284. 40,276. SHIPPING AND COLLECTION 8. LICENSING AND DUES 1,309. 220. 869. 220. STATE FEES 675. 50. 625. d MERCHANDISE, 530. 470. PARTS AND 60. e All other expenses 416,527. 364,869. 33,635. 18,023. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2014)

Part X Balance Sheet

rai	πх	Balance Sneet					
		Check if Schedule O contains a response or note	to any line	in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			4,063.	1	2,806.
	2	Savings and temporary cash investments			14,714.	2	21,931.
	3	Pledges and grants receivable, net			C 4 0	3	600
	4	Accounts receivable, net			648.	4	680.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat	ted employe	ees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	•	,			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		22 270	7	11 070	
•	8	Inventories for sale or use			22,279.	8	11,879
	9	Prepaid expenses and deferred charges			5,902.	9	6,395
	10a	Land, buildings, and equipment: cost or other		E2 2E1			
		basis. Complete Part VI of Schedule D		52,251.	2 170		1 500
	1	Less: accumulated depreciation		50,743.	2,179.	10c	1,508.
	11	Investments - publicly traded securities			86,746.	11	40,036
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	_		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		126 521	15	05 225	
	16	Total assets. Add lines 1 through 15 (must equa			136,531. 7,200.	16	85,235
	17	Accounts payable and accrued expenses		1,200.	17	14,669	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
ties	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employees		·		-00	
Ē.		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
			•			25	
	26	T . I. I. I			7,200.	26	14,669.
	20	Organizations that follow SFAS 117 (ASC 958)	check her		7,2000	20	11/003
S		complete lines 27 through 29, and lines 33 and		aliu			
Fund Balances	27	Unrestricted net assets			129,331.	27	70,566.
<u>aa</u>	28	Temporarily restricted net assets				28	,
Ä	29	D				29	
Ĕ	23	Organizations that do not follow SFAS 117 (AS		_			
≍ ≖		and complete lines 30 through 34.	JO 300), CIN	con norc P			
ts S	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ				31	
ξ	32	Retained earnings, endowment, accumulated inc				32	
Net Assets or	33	Total net assets or fund balances		<b>—</b>	129,331.	33	70,566.
		. O.a. Hot accord of faile balances			136,531.	55	85,235.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			05.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<del>27.</del>		
3	Revenue less expenses. Subtract line 2 from line 1	3			22.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			31.		
5	Net unrealized gains (losses) on investments	5		٥,٥	43.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		66.		
_	column (B)) 10						
Ра	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Х			
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
_	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		_				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>		
			Form	990	(2014)		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

Employer identification number 22-3122003

Pai	t I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.						
he o	organi	zation is not a private found	ation because it is: (	For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch					)(A)(i).						
2		A school described in <b>sect</b> i											
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz					-	the hospital's name.					
		city, and state:		,			(	,					
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in					
_		section 170(b)(1)(A)(iv). (C		,		, ,							
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>											
	37												
		section 170(b)(1)(A)(vi). (C	•				anno en menn ane general	paisie accession in					
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II.)								
9		An organization that norma				contributio	ons membership fees a	nd gross receipts from					
		activities related to its exen	•	•	-			-					
		income and unrelated busin	•	•				-					
		See section 509(a)(2). (Cor		(least coolier or relainy in				a					
10		An organization organized a		ively to test for public sa	afetv. See	section 50	9(a)(4).						
11		An organization organized a	•	•	•			e purposes of one or					
		more publicly supported or	•	•	-		•						
		lines 11a through 11d that	~										
а		Type I. A supporting orga	• •			•		giving					
		the supported organization	•	•	•								
		organization. You must o						•					
b		Type II. A supporting org	-		tion with it	s supporte	ed organization(s), by ha	ving					
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	entrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.	•								
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi:	zation.							
f	Ente	r the number of supported o	organizations										
g	Prov	ide the following information	about the supporte										
	(i	Name of supported	(ii) EIN		(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9 above or IRC section	governing of	document?	support (see Instructions)	other support (see Instructions)					
				(see instructions))	Yes	No	mondono)	inotractions)					
ota													

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 CORPORATION 22-31220

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	7 or 8 of Part Lo	r if the organization	n failed to qualify i	under Part III If the	organization
	fails to qualify under the tests			-	Trialica to quality t		organization
Sec	ction A. Public Support	,		,			
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(2) 2011	(0) = 0 : =	(4, 20.0	(0, 2011	(1) 1010
_	membership fees received. (Do not						
	include any "unusual grants.")	436,832.	433,090.	301,405.	680,999.	315,243.	2,167,569.
2	Tax revenues levied for the organ-	-	,		•		· · ·
	ization'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	436,832.	433,090.	301,405.	680,999.	315,243.	2,167,569.
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.						2,167,569.
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	436,832.	433,090.	301,405.	680,999.	315,243.	2,167,569.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0.70	064	4	0.01	0 005	2 014
	and income from similar sources	270.	264.	4.	991.	2,285.	3,814.
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 VI.)						2,171,383.
	<b>Total support.</b> Add lines 7 through 10	ata (aga inatuusti	200)			12	2,171,363.
	Gross receipts from related activities, First five years. If the Form 990 is for	•	,	d fourth or fifth to	av voar as a soctio	L	
10	organization, check this box and <b>stor</b>				•		
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2014 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.82 %
15						15	99.93 %
16a	33 1/3% support test - 2014. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	b 33 1/3% support test - 2013. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 🕨 🖳						

Schedule A (Form 990 or 990-EZ) 2014

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 .....

## 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.)

Se	ction A. Public Support	siow, picase com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-						
	formed, 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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				,	i	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
•••	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(0)	<u> </u>
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
<u> </u>	check this box and stop here ction C. Computation of Publ						<b>P</b>
	Public support percentage for 2014 (I			acluma (fl)		15	
	Public support percentage from 2013					16	<u>%</u> %
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	<del></del>
	a 33 1/3% support tests - 2014. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		•	

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
H	1		
Ļ	2		
H	3a		
- 1	3b		
Ī			
L	3с		
H	4a		
	4b		
[	4c		
	5a		
Ļ	5b		
H	5c		
ļ	6		
[	7		
ļ	8		
	9a		
ļ	9b		
	0.0		
	9c		
ŀ	10a		
	10b		
n 99	0 or 99	0-EZ)	2014

Pa	rt IV   Supporting Organizations (continued)			<u>.g</u>
	Continued)		Yes	No
44	Healtha arganization accounted a gift or contribution from any of the following persons?		162	INO
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000	tion b. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	INO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part y <sub>1</sub> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Type it supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		- <del></del>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh.		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Ves" describe in party, the role played by the organization in this regard	3h		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3_	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
_7_	Recoveries of prior-year distributions	7			
_8_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrik	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
	_		Excess Distributions	Underdistributions	Distributable
secti	ion E -	Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
3	Exces	ss distributions carryover, if any, to 2014:			
а					
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
i	Carry	over from 2009 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrik	outions for 2014 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2014 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2014, if			
	any. S	Subtract lines 3g and 4a from line 2 (if amount			
	greate	er than zero, see instructions).			
6	Rema	ining underdistributions for 2014. Subtract lines 3h			
	and 4	b from line 1 (if amount greater than zero, see			
		ctions).			
7	Exces	ss distributions carryover to 2015. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а					
b					
С					
d	Exces	ss from 2013			
е	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

## PEDALS FOR PROGRESS, A NJ NON PROFIT

<u>Schedule A</u>	(Form 990 or 990-EZ) 2014 CORPORATION	22-3122003 Page 8
Part VI	(Form 990 or 990-EZ) 2014 CORPORATION  Supplemental Information. 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).	,
	The complete the part of any additional information (coo monation).	

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► 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 ·

OMB No. 1545-0047

Name of the organization

PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

Employer identification number

22-3122003

Organization type (check one):					
Filers of	<b>:</b>	Section:			
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	, 0	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \big> \$				
		nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
PEDALS FOR PROGRESS, A NJ NON PROFIT
CORPORATION

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLIF BAR FAMILY FOUNDATION  1451 66TH STREET  EMERYVILLE, CA 94608	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEO & HELEN HOLLEIN  49 POPLAR DRIVE  MORRIS PLAINS, NJ 07950	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PEDALS FOR PROGRESS, A NJ NON PROFIT
CORPORATION

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-   -   -   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-   -   -   \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		-   -   -   \$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - - - - - - -				
		Cabadula D /Farms /	000 000 E7 000 DE\ (0044\			

Name of organization
PEDALS FOR PROGRESS. A NJ NC

Employer identification number

PEDALS FOR PROGRESS, A NJ NON PROFIT

Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$	scribed in section ne following line 1,000 or less for the	on 501(c)(7), (8), or (10) that total more than \$1,000 for entry. For organizations be year. (Enter this info. once.)  \$\\$\\$\\$	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
-		(e) Transfer	of gift		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held	
	Transferee's name, address, ar	(e) Transfer	Sefer of gift  Relationship of transferor to transferee		
(a) No			1		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of giff	t	(d) Description of how gift is held	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee	

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

DEDALG FOR PROCEED AND NOW PROFEED

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

**Employer identification number** 22-3122003

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	r Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's e.	_		
	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		•	
	to a constant to the contract of the constant		V N-	
Par				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed		cally important land area	
	Protection of natural habitat	Preservation of a certified		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	a conservation easement on the last	
	day of the tax year.			
			Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic struc		**	
	Number of conservation easements included in (c) acquired af			
	listed in the National Register			
	Number of conservation easements modified, transferred, rele			
	year <b>&gt;</b>			
4	Number of states where property subject to conservation ease	ement is located		
	Does the organization have a written policy regarding the period	•		
	violations, and enforcement of the conservation easements it h		Yes No	
	Staff and volunteer hours devoted to monitoring, inspecting, a			
	Amount of expenses incurred in monitoring, inspecting, and er			
	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for	
	conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	er Similar Assets.	
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemen	nt and balance sheet works of art,	
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furtherance	e of public service, provide, in Part XIII,	
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement an	nd balance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public	service, provide the following amounts	
	relating to these items:			
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:		
	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	Assets included in Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C		rt Hiet	orical Tr	ascurac o	r Othe	r Simil	ar Acco			ige <b>Z</b>
3	Using the organization's acquisition, accession	on, and other record	is, check	any or the	following that	are a si	ignilicant	use of its	collection	ı itemi	
	(check all that apply):										
а	Public exhibition	d			hange prograr	ns					
b	Scholarly research	е	• L C	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	torical treas	sures, or othe	r similar	assets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	-	ete if the o	organizatio	n answered "\	Yes" to	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodic								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing ta	able:							
									Amount		
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
	t V Endowment Funds. Complete if										
1 311		(a) Current year		ior year	(c) Two years			years back	(e) Four	vears	hack
10	Paginning of year halance	(a) Ourrent year	(5)11	10,411.	, ,	,411.	(u) mice	10,411.	(e) i oui	yours	Juon
	Beginning of year balance			10,411.	10	, === •		10,411.			
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs			10,411.							
f	Administrative expenses										
g	End of year balance				10	,411.		10,411.			
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	<u></u> %									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held a	nd administer	ed for th	he organi	zation			
	by:	-								Yes	No
	(i) unrelated organizations								3a(i)		
	fm								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the								<u> </u>		
Pai	t VI Land, Buildings, and Equipm		JWIIIOITE IC	arido.							
	Complete if the organization answered		Dart IV	lina 11a S	ee Form 990	Dart Y	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulat	od T	(d) Paci	c volue	
	Description of property	basis (investr		basis (	1		preciation		(d) Book	( value	,
	Lond	,	nent)	Dasis	(Oth IGI)	uel	JI GUIALIUI	'			
	Land										
	Buildings										
	Leasehold improvements			F	2 251		<u> </u>	12		1 5	70
	Equipment				2,251.		50,7	43.	-	1,50	70•
	Other									1 -	
Total	L Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X colum	n (R) line 1	(Oc.)				_	1,50	JØ.

Schedule D (Form 990) 2014 CORPORATION	•		22	-3122003 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" t				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Col. (h) must equal Form 000, Part V, col. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
	- Farma 000 David IV/ II	11- C Faura 000	Dort V. line 10	
Complete if the organization answered "Yes" t  (a) Description of investment	<b>(b)</b> Book value			d-of-year market value
	(b) Book value	(c) Welliod of (	raidation. Cost of Ch	d of year market value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.	
	Description	•		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" t	o Form 990, Part IV, li	ne 11e or 11f. See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ........................▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D	(Form 990) 2014	CORPORATION			22-3122
Part XI	Reconciliation of	Revenue per Audited	Financial Statements	With Revenue per	Return.
	Complete if the organi	zation answered "Yes" to Fo	rm 990, Part IV, line 12a.		

	complete in the organization anowered Tee to Fermi ede, Fart IV, into Tea.				
1	Total revenue, gains, and other support per audited financial statements		1	366,732.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-3,843.		
b	Donated services and use of facilities	2b	8,970.		
	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	5,127.
3	Subtract line 2e from line 1			3	361,605.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	361,605.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	425,497.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	8,970.		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,970.
3	Subtract line 2e from line 1			3	416,527.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	416,527.		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM

FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A

PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE

STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT.

ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN

PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT

METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

432054 10-01-14

Part XIII | Supplemental Information (continued)

RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL

STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND

TRANSITION RELATED TO THOSE TAX POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR.

THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH FEDERAL AND VARIOUS

STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE

SERVICE AND THE REQUIRED FORM FOR EACH STATE. THESE RETURNS ARE SUBJECT TO

EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTORY PERIODS FROM THE

LATEST FILING DATE FOR BOTH FEDERAL AND THE VARIOUS STATE JURISDICTIONS.

### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

Employer identification number

ATION 22-3122003

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV	/, line 14b.				
1			n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
				the selection criteria used to award the		Yes X No
		· ·				
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance ou	ıtside the
	United States.			-	_	
3	Activities per Region. (TI	he following Parl	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	I independent	services, investments, grants to	describe specific type	for and investments
			contractors in region	recipients located in the region)	of service(s) in region	in region
SUB	-SAHARAN AFRICA -					
ANG	OLA, BENIN,					
вот	SWANA, BURKINA,			DONATION OF BIKES AND		
FAS		0	0	SEWING MACHINES		26,197.
	TRAL AMERICA AND					1
	CARIBBEAN -					
	IGUA & BARBUDA,			DONATION OF BIKES AND		
	BA, BAHAMAS,	0	0	SEWING MACHINES		77,415.
	OPE (INCLUDING					, ,
	LAND & GREENLAND)					
	LBANIA, ANDORRA,			DONATION OF BIKES AND		
	TRIA, BELGIUM	l 0	0	SEWING MACHINES		47,699.
	SIA AND	_				1 ,
	GHBORING STATES -					
	ENIA, AZERBIJAN,			DONATION OF BIKES AND		
	ARUS,	l 0	0	SEWING MACHINES		24,359.
						122,005.
_	0.4-4-4-1	0	0			175 670
	Sub-total	<del>-</del>	0			175,670.
b	Total from continuation		_			
	sheets to Part I	0	0			0.
С	Totals (add lines 3a		_			175 670
	and 3h)	ı 0	l 0			175 670.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		1
the IRS, or for which t	he grantee or couns	el has provided a section	n 501(c)(3) equivalency letter			<b>)</b>		
3 Enter total number of other organizations or entities								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					assistance		appraisal, other)
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -					BIKES AND SEWING	
BIKES AND SEWING MACHINES	ALBANIA, ANDORRA,	964	0.			MACHINES	FMV
	,						
	CENTRAL AMERICA					BIKES AND SEWING	
BIKES AND SEWING MACHINES	AND THE CARIBBEAN	1,564	0.		77,415.	MACHINES	FMV
	SUB-SAHARAN					BIKES AND SEWING	
BIKES AND SEWING MACHINES	AFRICA	529	0.		26,197.	MACHINES	FMV
	RUSSIA AND						
	NEIGHBORING					BIKES AND SEWING	
BIKES AND SEWING MACHINES	STATES	492	0.		24,359.	MACHINES	FMV

Part IV	Foreign	Forme
raitiv	Foreign	rorms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Provide the information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
THE PRESIDENT RECEIVES PERIODIC MONITORING REPORTS, AS WELL AS PERFORMS
PERIODIC SITE VISITS IN ORDER TO PROPERLY MONITOR THE USE OF DONATED
BIKES, BIKE PARTS AND SEWING MACHINES.

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Open To Public** Inspection

Name of the organization

PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

**Employer identification number** 22-3122003

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of do noncash contrib		_	
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ulion ai	mount	S
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other $\blacktriangleright$ ( BICYCLES, SEW)	X	3,375	169,724.	THRIFT SHOP	VA	LUE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	-			<del>-</del>			
	must hold for at least three years from the dat			•				37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance					31	Х	<del>                                     </del>
32a	Does the organization hire or use third parties		•					37
_						32a		Х
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,			
				-	<u> </u>			
	describe in Part II.				Schedule M	(Form	990) (	2014

## PEDALS FOR PROGRESS, A NJ NON PROFIT

Schedule M	(Form 990) (2014) CORPORATION	22-3122003	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organiza	ation

#### 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 Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

**Employer identification number** 22-3122003

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND DELIVER THEM TO SOCIETIES WHERE THEY ARE BADLY NEEDED AND HIGHLY <code>VALUED.</code> SINCE ITS INCEPTION IN 1991 AND FROM THE SEED OF AN IDEA BY ITS FOUNDER (A FORMER PEACE CORPS VOLUNTEER), THE ORGANIZATION HAS GROWN TO AN ENTERPRISE THAT HAS CUMULATIVELY COLLECTED AND DISTRIBUTED OVER 115,000 BICYCLES AND 1,000 SEWING MACHINES TO THE WORKING POOR IN LATIN AMERICA, AFRICA, EASTERN EUROPE, ASIA AND THE ISLANDS OF THE CARIBBEAN AND THE PACIFIC.

THROUGH VOLUNTEER LABOR AND TAX-DEDUCTIBLE DONATIONS OF MONEY AND MATERIALS, PEDALS FOR PROGRESS COLLECTS, WAREHOUSES, AND SHIPS NEW AND USED BIKES, PARTS AND ACCESSORIES TO RECIPIENT COUNTRIES WHERE THEY ARE REPAIRED BY NON-PROFIT, PARTNER ORGANIZATIONS (PROVIDING EMPLOYMENT, BUILDING MANAGEMENT AND REPAIR SKILLS TO THEIR STAFF) AND SUBSEQUENTLY, SOLD AT COST TO HELP LOW-INCOME INDIVIDUALS ACCESS JOBS, MARKETS AND SERVICES.

FORM 990, PART VI, SECTION B, LINE 11:

PEDALS FOR PROGRESS HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

Name of the organization PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION

Employer identification number 22-3122003

THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

PEDALS FOR PROGRESS CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY
WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL
MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF
INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY
EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING
BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST
IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED
IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES AN INDEPENDENT BODY.

FORM 990, PART VI, SECTION C, LINE 19:

PEDALS FOR PROGRESS MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE ON THE

ORGANIZATIONS WEBSITE AT WWW.P4P.ORG AND UPON WRITTEN REQUEST AT THE

ORGANIZATIONS OFFICE AT 86 EAST MAIN STREET, HIGH BRIDGE, NJ 08829. IN

ADDITION FORM 1023 AS WELL AS THE FINANCIAL STATEMENTS ARE AVAILABLE UPON

REQUEST.

FORM 990 PART XII LINE 2C

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization PEDALS FOR PROGRESS, A NJ NON PROFIT    Employer identification number   Employer identification num												
Nan	e of the organ	ization :	PEDAI CORP	LS FOR DRATIO	PROGRI N	ESS,	A NJ	NON	PROF:	IT	Employer identification num 22-3122003	
NO	CHANGE	FROM	THE	PRIOR	YEAR.							

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
	FURNATURE AND EQUIPMENT * 990 PAGE 10 TOTAL	VARIE	SSL	.000	16	52,251.			52,251.	50,072.		671.
	FURNITURE & FIXTUR * GRAND TOTAL 990					52,251.		0.	52,251.	50,072.	0.	671.
	PAGE 10 DEPR					52,251.		0.	52,251.	50,072.	0.	671.
		П										
		Ш										

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

| Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. **179** 

Identifying number

PEDALS FOR PROGRESS, A NJ NON PROFIT

FORM 990 PACE 10

990

	RPORATION		70 N				AGE IU		22-3122003
	art   Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	u have any lis	sted pro	operty, c	omplete Part		
									500,000.
	Total cost of section 179 property place								2 000 000
	Threshold cost of section 179 property								2,000,000.
4	Reduction in limitation. Subtract line 3 to	rom line 2. If zero	or less, ente	er -0					
	Dollar limitation for tax year. Subtract line 4 from line		-0 If married fil						
_6_	(a) Description of pro	operty		(b) Cost (busin	iess use o	only)	(c) Elected	cost	
_	Listed property. Enter the amount from	line 20				7			
	Listed property. Enter the amount from Total elected cost of section 179 prope							8	
	Tentative deduction. Enter the <b>smaller</b>								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the si								
	Section 179 expense deduction. Add li								+
	Carryover of disallowed deduction to 20					13		12	
	te: Do not use Part II or Part III below for					10			
_	art II   Special Depreciation Allowa				de liste	ed prope	rtv )		
	Special depreciation allowance for qual			-					
	the tax year						-	14	
	Property subject to section 168(f)(1) ele								
	Other depreciation (including ACRS)								C71
	art III MACRS Depreciation (Do no							.0	
	, ,			ction A	,				
17	MACRS deductions for assets placed in	n service in tax v	ears beginnir	a before 201	4			17	
	If you are electing to group any assets placed in serv							j 🗀	
	Section B - Assets							tion Sys	stem
	(a) Classification of property	(b) Month and year placed		r depreciation	(d) F	Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
	(a) Stabbilloution of property	in service		instructions)	k	period	(c) Convention	(1) 141011100	(g) Depression deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
h	Decidential rental property	/			27	.5 yrs.	MM	S/L	
	n Residential rental property	/			27	.5 yrs.	MM	S/L	
	<u> </u>	/				.5 yrs. 9 yrs.	MM MM	S/L S/L	
i	Nonresidential real property	/ /			39	9 yrs.	MM MM	S/L S/L	
_ i	<u> </u>	/ / // /laced in Service	During 201	4 Tax Year U	39	9 yrs.	MM MM	S/L S/L	ystem
20a	Nonresidential real property  Section C - Assets P	/ / / laced in Service	During 201	4 Tax Year U	39	9 yrs.	MM MM	S/L S/L	ystem
	Nonresidential real property  Section C - Assets P  Class life	/ // laced in Service	During 201	4 Tax Year U	sing th	9 yrs.	MM MM	S/L S/L iation S	ystem
20a	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year	/ // laced in Service	During 201	4 Tax Year U	sing th	9 yrs. ne Alterr	MM MM	S/L S/L iation S	ystem
20a	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year  Summary (See instructions.)	/	During 201	4 Tax Year U	sing th	9 yrs. ne Alterr 2 yrs.	MM MM native Deprec	S/L S/L siation S S/L S/L S/L	
20a	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year Summary (See instructions.) Listed property. Enter amount from line	/ / 228			39 sing th	9 yrs. ne Alterr 2 yrs. 0 yrs.	MM MM native Deprec	S/L S/L siation S S/L S/L	
20a b C Pa 21	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	/ 22814 through 17, lir	nes 19 and 20	) in column (g	39 sing th	9 yrs.  ne Alterr  2 yrs.  0 yrs.  line 21.	MM MM native Deprec	S/L S/L siation S S/L S/L S/L S/L S/L	671
20a b c Pa 21 22	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year  art IV Summary (See instructions.) Listed property. Enter amount from line  Total. Add amounts from line 12, lines Enter here and on the appropriate lines	/ 22814 through 17, lir of your return. P	nes 19 and 20 artnerships a	) in column (g	39 sing th	9 yrs.  ne Alterr  2 yrs.  0 yrs.  line 21.	MM MM native Deprec	S/L S/L siation S S/L S/L S/L S/L S/L	671
20a b c Pa 21 22	Nonresidential real property  Section C - Assets P  Class life 12-year 40-year art IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	/ 228	nes 19 and 20 artnerships a e current yea	o in column (g and S corpora ar, enter the	39 sing th	9 yrs.  ne Alterr  2 yrs.  0 yrs.  line 21.	MM MM native Deprec	S/L S/L siation S S/L S/L S/L S/L S/L	671

Form 4562 (2014)

22-3122003 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A all of Section B, and Section C if applicable

	<u> </u>			a Section C if app							
	Section A -	Depreciation	on and Other In	formation (Caution	on: See the instruc	tions for li	mits for pa	ssenge	er automobiles.)		
24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	<b>24b</b> If "Y	es," is the	evider	nce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction	(i) Electe section cost	ed 179
25	Special depreciation allo	wance for q	ualified listed pro	operty placed in s	ervice during the t	ax year an	d				
	used more than 50% in	a qualified b	usiness use					25			
26	Property used more that	n 50% in a c	ualified busines	s use:	_	_	_			_	
		: :	%								
		: :	%								
		: :	%								
27	Property used 50% or le	ess in a quali	fied business us	e:							
		: :	%				S/L -				
		: :	%				S/L -				
		: :	%				S/L -				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28			
29	Add amounts in column	(i), line 26. E	Enter here and or	n line 7, page 1					29		
			Sec	tion B - Informat	tion on Use of Vel	nicles					
Con	nplete this section for ve	hicles used	by a sole proprie	etor, partner, or ot	her "more than 5%	owner," o	or related	oerson	. If you provided	l vehicles	

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	•	(i Veh	o) nicle	Veh	c) iicle	Veh	•	<b>(€</b> Veh	•	(1 Veh	f) icle
31 32	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year.  Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
	Is another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohib	ıts all pei	rsonal use of vehicle	s, including commutir	ig, by your	L	Yes	No			
	employees?							<u> </u>			
38	Do you maintain a written policy statement that prohib	its perso	nal use of vehicles,	except commuting, by	your						
	employees? See the instructions for vehicles used by	corporate	e officers, directors,	or 1% or more owners	S						
39	9 Do you treat all use of vehicles by employees as personal use?										
40	40 Do you provide more than five vehicles to your employees, obtain information from your employees about										
	the use of the vehicles, and retain the information rece	eived?									
41	41 Do you meet the requirements concerning qualified automobile demonstration use?										
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," of	lo not co	mplete Section B for	the covered vehicles.							
P	Part VI Amortization										
	(a) (b)		(c)	(d)	(e)	(f	:)				

(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section		(f) Amortization for this year							
42 Amortization of costs that begins during your 2014 tax year:											
1 1											
1 1											
43 Amortization of costs that began before your 2014 tax year											
structions for	where to report			14							
r	r 2014 tax yea	Date amortization begins Amortizable amount  r 2014 tax year:	Date amortization begins Amortizable amount Section  r 2014 tax year:	Date amortization begins Amortizable amount Section Amortizable amount Section Amortization period or percents r 2014 tax year:							

416252 01-08-15 Form **4562** (2014)