Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

Descriptions	A	Enr the 2	2005 calendar year, or tax year beginning	to according to the retain to			.sporting roduit	J. Hollito.		maherman
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		Check if applicable	Please DEDATE FOR PROCEEDS					D Empl	oyer ident	ification number
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G Website: ►VMW. P4P. ORG Organization peacewoww Sciot(o) (3) ■ freemon. 4947(a)(1) or 527	-	pending	must attach a completed Schedule A (Form 99	O or 990-EZ).	12	10000000	and some the man consequence of the			Control of the Contro
Organization type uneconomia	C	Waheita								122021202
K Check here	_			no) [] 4047/n\/4\ [7 507	7000000000000			1000 AND \$0	
Contributions grits, prants, and similar amounts received:						n(c)			? 11/.	A L Yes No
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Corcest receipts: Add lines 6b, 8b, 9b, and 10b to line 12 237957. M Check If the organization is not required to attach Sch. 8 (Form 990, 990-EZ, or 990-PF).		sure to fil	le a complete return. Some states require a complete re	non chooses to me a return, t furn	be	1	Table 1 March 1 Table 1	-		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances	-									the second secon
Part	L	Gross red	ceipts: Add lines 6b 8b 9b and 10b to line 12	23795	7					
1 Contributions, gifts, grants, and similar amounts received:								0, 330-	EZ, 01 990 ⁻	TT).
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Total expenses (add lines 16 and 44, column (A)) 17	ens	884							Townson of the Control of the Contro	
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21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 159178.	Ne	20	Other changes in net assets or fund halances (attach ex	rolanation)		S+ =	tement	·:···· }		
523001	9	21	Net assets or fund balances at end of year (combine line	es 18 19 and 20)		DUC	CEMETIC	·÷		
	523							******	21	Form 990 (2005)

Form 990 (2005) A N.C.

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) propriet on an experience of the section 4947(a)(1) property charitable trusts but optional for others

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2	Grants and allocations (attach schedule)					
	(cash \$ 0 • noncash \$ 0 •				10 00000000000000000000000000000000000	
	If this amount includes foreign grants, check here	22				
3	Specific assistance to individuals (attach					
	schedule)	23				
4	Benefits paid to or for members (attach					
	schedule)	24		,		
5	Compensation of officers, directors, etc.	25	58861.	45131.	11074.	2656
6	Other salaries and wages	26	37004.	36457.		547
7	Pension plan contributions	27	6566.	5581.	656.	329
8	Other employee benefits	28				
9	Payroll taxes	29	8765.	7457.	872.	436
0	Professional fundraising fees	30	4660.			4660
1	Accounting fees	31	7575.		7575.	
2	Legal fees	32	335.		335.	
3	Supplies	33				
4	Telephone	34	4597.	3907.	460.	230
5	Postage and shipping	35	4942.	3295.	180.	1467
6	Occupancy	36	13800.	11730.	1380.	690
7	Equipment rental and maintenance	37				
8	Printing and publications	38	8705.	6128.	1066.	1511
9	Travel	39	10430.	10430.		
0	Conferences, conventions, and meetings	40				
1	Interest	41				
2	Depreciation, depletion, etc. (attach schedule)	42	3654.	1843.	1811.	
	Other expenses not covered above (itemize):					
	INSURANCE	43a	5268.	4477.	579.	212
	SHIPPING OF BIKES	43b	82759.	82759.		
	WEB SITE & ADVERTISING	43c	3462.	179.	2083.	1200
	OFFICE EXPENSE	43d	3918.	3330.	391.	197
-		43e				
1		431				
1	Inches and the second s	43g				
	Total functional expenses. Add lines 22					
	through 43. (Organizations completing				1	
	columns (B)-(D), carry these totals to lines					
	13-15)	44	265301.	222704.	28462.	14135
-	int Costs. Check if you are following			222701.	20102.	11100
re	any joint costs from a combined educational campai	gn and f	undraising solicitation rep			Yes X No
117	res," enter (i) the aggregate amount of these joint cos	sts \$	N/A :(ii) the amount allocated to	Program services \$	N/A

Form 990	(2005)

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization.
How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the
return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's pri E ATTACHED MI			-	Program Service Expenses
All o	organizations must descri	be their exempt	purpose achievements in a clear and concise manner. State the number of uss achievements that are not measurable. (Section 501(c)(3) and (4) ritable trusts must also enter the amount of grants and allocations to others.)	4	equired for 501(c)(3) and (4) orgs., and 947(a)(1) trusts; but optional for others.)
а	SEE ATTACHED	MISSION	STATEMENT		
b	(Grants and allocations	\$) If this amount includes foreign grants, check here		222704.
D	·	are and			
С	(Grants and allocations	\$) If this amount includes foreign grants, check here		
	(Grants and allocations	\$) If this amount includes foreign grants, check here		
d					
	(Grants and allocations	\$) If this amount includes foreign grants, check here		
е	Other program services (attach schedule			
_	(Grants and allocations	\$) If this amount includes foreign grants, check here		
f	Total of Program Service	e Expenses (sh	ould equal line 44, column (B), Program services)	>	222704

PEDALS FOR PROGRESS: A New Jersey NOT FOR PROFIT

CORPORATION EIN: 223122003

FYE: DECEMBER 2005

FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Pedals for Progress is a 501 (C 3) nonprofit organization registered in the states of New Jersey, Pennsylvania, Kansas, Connecticut, Massachusetts and Vermont, It is comprised of a small salaried staff supported by more than 60 US civic, religious, business, school and youth groups and by more than 1,000 individual volunteers throughout the United States.

P4P's goal is to rescue bicycles destined for America's landfills and deliver them to societies where they are badly needed and highly valued. 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 95,000 bicycles 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, P4P 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.

Pedals for Progress is not a give-away program. In addition to administrative, warehousing, shipping and custom costs (assumed by and invoiced to) the overseas partner agencies, the ultimate new owners buy, often on credit, their refurbished bikes at a price geared to barely recovering incurred costs.

During 2005, our bicycle collection and shipping facility was in operation to serve the densely populated northeast corridor of the US in northern New Jersey. Countries receiving donated/reconditioned bicycles have included Columbia, the Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, Venezuela, Moldova, Barbados, Eritrea, Ghana, Namibia, Madagascar, Mozambique, Senegal, Fiji and the Solomon Islands.

P4P is a grass-roots movement. Concerned citizens in the United States come together as volunteers to enlist and directly provide the broadest possible support via fund-raising, training, publicity, collection, processing, loading, transporting and administrative efforts in order to move this "bike capital" from American donors to its final destination in the populace (and economies) of developing nations.

Part III, Form 990 Statement of Program Serving Accomplishments

Pedals for Progress's primary exempt purpose is to supply, via charity partners overseas, reconditioned and used bicycles to low-income families in need of affordable transport for productive purposes. See attached mission statement.

During 2005, pedals for Progress:

Shipped 9,036 bicycles, 139 sewing machines, and bicycle parts, accessories and donated shipping to 6 agency partners in 5 developing countries – bringing its total shipped since 1991 to 94,779 bicycles, 590 sewing machines, and over \$9 million in parts and accessories; Expanded overseas geographic coverage, incorporating a new partner in Uganda and former partners in Eastern Europe, and Central; Intensified domestic collection operations in the mid-Atlantic and New England regions, sponsoring bike collections and container loading work sessions stemming from 55 collections in 6 states. Continued a partnership with FedEx, to transport large quantities of donated bicycles back to PfP shipping sites; and Put in place additional business practices endorsed by the Better Business Bureau Wise Giving Alliance, which advanced its evaluation by that organization in 2005 to: Fully Approved.

Number of Clients served: 9,036 bicycles distributed to 6 partners in 5 countries. Approximate number of individual beneficiaries is 9,063 sustaining approximately 20 full-time job-equivalents based on a conservative assumption of five jobs generated per charity partner relationship, in the reconditioning and distribution of bicycles.

Grants and allocations:

The total in kind personal property and supporting services donated by the Board of Trustees was \$662,600 and \$299,824.60 for 2004 and 2005 respectively. The Board of Trustees is made up of volunteers. They donate specialized skills for fund raising, collection, and management/grant proposal writing. It is estimated that if their skills had been purchased in 2004 they would have cost \$20,880. That amount is included as part of in kind personal property and supporting services donations.

Publications issued:

Published two issues of a newsletter, In-Gear, documenting program objectives, overall achievements, and case studies of beneficiaries.

Form 9			IT CORPORATI	ON		22-31	.22003 Page 4
***************************************		Balance Sheets (See the instructions.)					
Note:	Whe shou	re required, attached schedules and amounts ald be for end-of-year amounts only.	within the description co	olumn	(A) Beginning of year		(B) End of year
100	45 46	Cash - non-interest-bearing Savings and temporary cash investments		***********	1042. 110302.	45 46	1234. 86300.
4		Accounts receivable	47a	2100.			2100
		Less: allowance for doubtful accounts			t.	47c	2100.
'	ao a b	Pledges receivable Less: allowance for doubtful accounts	48a			48c	
4	49	Grants receivable				49	
	50	Receivables from officers, directors, trustees and key employees	s,	1		50	
Assets	51 a	Other notes and loans receivable					
Ass	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			175019.	52	67031.
	53	Prepaid expenses and deferred charges	***************************************			53	
	54	Investments - securities	Cost	☐ FMV		54	
	55 a	Investments - land, buildings, and	W 12				1 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		equipment: basis					
	þ	Less: accumulated depreciation				55c	
100	56	Investments - other				56	
1		Land, buildings, and equipment: basis		42755.			
	b 58	Less: accumulated depreciation Stmt 2 Other assets (describe ▶		36807.	8146.	57c	5948.
	59	Total assets (must equal line 74). Add lines	.,,		294509.		162613.
	60	Accounts payable and accrued expenses			231303.	60	3435.
9	61	Grants payable				61	0100.
	62	Deferred revenue				62	() () () () () () () () () ()
ies	63	Loans from officers, directors, trustees, and				63	
Liabilities	64 a	Tax-exempt bond liabilities				64a	
Lia	b	Mortgages and other notes payable				64b	
1	65	Other liabilities (describe)		65	
_	66	Total liabilities. Add lines 60 through 65)			0.	66	3435.
1	Orga	inizations that follow SFAS 117, check here	■ X and complete	lines			
S.		67 through 69 and lines 73 and 74.			226422		00005
Ju Ce	67	Unrestricted			226423.		90295.
lala	68 co	Temporarily restricted			18751.		8946.
9	69	Permanently restricted			49335.	69	59937.
7. F.		nizations that do not follow SFAS 117, che complete lines 70 through 74.	V-100-10				
sts	70	Capital stock, trust principal, or current fund	ls			70	
SS	71	Paid-in or capital surplus, or land, building, a				71	
et /	72 72	Retained earnings, endowment, accumulate				72	
Z	73	Total net assets or fund balances (add lines 67 th column (A) must equal line 19; column (B) must e	rrough 69 or lines 70 throu	gn /2;	294509.	70	159178.
	74	Total liabilities and net assets/fund balance	rqual lille Z1)		294509.		162613.
		. C.C. Hounties and het assets/fund baldin	oes. Aud illes do allu /3		234309.	74	102013.

Form **990** (2005)

	n 990 (2005) A NJ NONPROFIT CORPOR				31220	
Pē	Int IV-A Reconciliation of Revenue per Audited Finar instructions.)	ncial Statements W	ith Revenue p	er Re	turn (Se	e the
а	Total revenue, gains, and other support per audited financial statemer	nts	Maria da Para Maria de Maria d		а	558662.
b	Amounts included on line a but not on Part I, line 12:	115.75 (1888) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866) (1866)	******************			
1	Net unrealized gains on investments	T _i	1			
2	Donated services and use of facilities			80.		
3	Recoveries of prior year grants					
4		1				
	Add lines b1 through b4				ь	320705.
C	Subtract line b from line a				C	237957.
d	Amounts included on Part I, line 12, but not on line a:	**************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	Investment expenses not included on Part I, line 6b		11			
2	Other (specify):	and an expensive transfer that the property of	12			
	Add lines d1 and d2				d	0.
е	Total revenue (Part I, line 12). Add lines c and d	************************************	*************************	. •	е	237957.
Pέ	rt IV-B Reconciliation of Expenses per Audited Fina	incial Statements V	Vith Expenses	per F	eturn	
а	Total expenses and losses per audited financial statements		************************		а	693993.
b	Amounts included on line a but not on Part I, line 17:					
1	Donated services and use of facilities		208	1.08		
2	Prior year adjustments reported on Part I, line 20		02			
3	Losses reported on Part I, line 20					
4	· · · · · · · Coo Clal · · · · · ·		04			
	Add lines b1 through b4	NAMES OF THE PARTY	*		ь	428692.
C	Subtract line b from line a				С	265301.
d	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify):		12			
	Add lines d1 and d2				d	0 .
9	Total expenses (Part I, line 17). Add lines c and d			. •	e	265301
Pa	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ch person who wa	s an off	icer, dire	ctor, trustee,
	or key employee at any time during the year even if they we	(Se (R) Title and average hours	e the instructions.,	(D)Con	tributione to	(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter -0)	employ plans compen	yee benefit & deferred sation plans	account and other allowance
= =	Z-01-11-1-1				FOR REAL PROPERTY (1919)	LA CASE
se	e Statement 5	title site	58861.		5311.	0
	AND THE PARTY OF T			-		
	the control of the co					
			(
			I.			f .

Pa	rt V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	ıed)		-	Yes	No
75 a	Enter th	ne total number of officers, directors, and trustees permitted t						
		gs			0			
b	Are any	officers, directors, trustees, or key employees listed in Form	990 Part V-A or highest of	compensated emp	loveer			
	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sc	hedule A			
	Part II-A	or II-B, related to each other through family or business related	tionships? If "Yes," attach	a statement that i	dentifies			
	the Indi	viduals and explains the relationship(s)				75b	3 20 20 20 20 20 20 20 20 20 20 20 20 20	X
C	Do any	officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest c	ompensated empl	oyees			
	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	ractors listed in Sc	hedule A,			
	organiz	or II-B, receive compensation from any other organizations, ation through common supervision or common control?						v
		elated organizations include section 509(a)(3) supporting org	anizatione			75c		X
		attach a statement that identifies the individuals, explains the relations		and the other organ	bne (s)noitesi			
	describe	s the compensation arrangements, including amounts paid to each in	dividual by each related orga	nization.	nzation(s), and			
d	Does th	e organization have a written conflict of interest policy?				75d	090000000	Х
Pai	t V-B	Former Officers, Directors, Trustees, and Ke	v Employees That F	Received Com	pensation o	r Ot	her	
		Benefits (If any former officer, director, trustee, or key en the year, list that person below and enter the amount of contact the difference of the person below and enter the amount of contact the difference of the person below and enter the amount of the person below and enter the person below and the person below an	nployee received compens	sation or other ber	efits (described	belo	w) dur	ring
(I)		the year, not that person below and enter the amount of co	inperisation or other benef	its in the appropri	(D) Contributions to	-	E) Expe	
		(A) Name and address	(B) Loans and Advances	(C) Compensation	employee benefit	a	ccount	and
-		None			compensation plan	s othe	er allow	ances
					=			
						+		
				1				
-		Street, Street				_		
						+		
					7			
2000								
						100000		
					unsen-se	+		
Pai	t VI	Other Information (See the instructions.)		1			Yes	Ma
76		organization engage in any activity not previously reported to	the IRS? If "Yes " attach	a detailed			res	No
		tion of each activity				76	***************************************	Х
77	Were ar	ny changes made in the organizing or governing documents i	out not reported to the IRS	S?		77		X
1820)		attach a conformed copy of the changes.						
78 a	Did the	organization have unrelated business gross income of \$1,00			turn?	78a		X
		has it filed a tax return on Form 990-T for this year?			N/A	78b		
79 80 a	le the o	ere a liquidation, dissolution, termination, or substantial contr	action during the year? If	"Yes," attach a sta	atement	79	38888888A	X
JU 0		rganization related (other than by association with a statewid rship, governing bodies, trustees, officers, etc., to any other				00-		Х
b		enter the name of the organization ► N/A	evenibroi nonexembt ord	amzauon?		80a		_ ^_
80		Source and the state of the sta	and check whether it is	exempt or	nonexempt			
81 a		rect or indirect political expenditures. (See line 81 instruction	s.)	81a	0.			
b		organization file Form 1120-POL for this year?			***********	81b	12.50.0000	X
52316	1/02-03-06					Form	000	(2005)

Pa	t VI Other Information (continued)	003	Yes	No.
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			1,40
	less than fair rental value?	82a	х	
b	If "Yes," you may indicate the value of these items here. Do not include this	<u> </u>		
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b 320705.		100000000000	100000000000000000000000000000000000000
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b	1900000000	64-1-61/10
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
9	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	**********	
h				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders. 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► O • ; section 4912 ► O • ; section 4955 ► O •			10.25
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
L	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0
d	sections 4912, 4955, and 4958			0.
d 90 a	Enter: Amount of tax on line 89c, above, reimbursed by the organization List the states with which a copy of this return is filed CT, VT, PA, NJ, MA, KS			0 .
91 a		00 /	011	- 4
J. 4	Located at 86 EAST MAIN STREET, HIGH BRIDGE, NJ ZIP+4 > 0			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	7002	. 9	
Ĭ,	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Voc	No
	account)?	91b	163	X
	If "Yes," enter the name of the foreign country ► N/A	910		^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	016	200000000000000000000000000000000000000	Х
-	If "Yes," enter the name of the foreign country N/A	910	-	TV
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		L	
	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/	A	
				(2005

Par	VII Analysis of Income-Producing	Activities	(See the instructions.)			3122003 Fage 0
Note	: Enter gross amounts unless otherwise	Unrelat	ted business income	Exclu	ded by section 512, 513, or 514	(E)
indica	ated.	(A)	(B)	(C) Exclu-	(D)	(E) Related or exempt
93 F	rogram service revenue:	Business code	Amount	sion	Amount	function income
	CASH WITH BIKES			code		82481.
b	REVOLVING FUNDS	anoway souling its				80739.
C						00,33.
d		-				
е						
f N	Medicare/Medicaid payments					
	ees and contracts from government agencies				***************************************	
	Membership dues and assessments					
	nterest on savings and temporary cash investments					1912.
	lividends and interest from securities					1712.
	let rental income or (loss) from real estate:					
	ebt-financed property					
b n	ot debt-financed property					
	let rental income or (loss) from personal property					
	Other investment income			-		
100 G	iain or (loss) from sales of assets					
	ther than inventory	1				
101 N	let income or (loss) from special events				Trend to the second	
	iross profit or (loss) from sales of inventory					
	Other revenue:	-		-		
а						
1000				-		
С.						
d .						
e						
	subtotal (add columns (B), (D), and (E))		0.		0.	165132.
	otal (add line 104, columns (B), (D), and (E))					
Note:	Line 105 plus line 1d, Part I, should equal the am	ount on line 1	2. Part I.		······································	103132.
Part	VIII Relationship of Activities to the	e Accompl	ishment of Exemp	t Pu	noses (See the instruct	ione l
Line I	No. Explain how each activity for which income is rep	orted in colum	n (F) of Part VII contributed	imnor	tantly to the accomplishment	of the examination's
▼	exempt purposes (other than by providing funds	for such purpo	oses).	inipoi	taility to the accomplishment	of the organization's
93A	CONTRIBUTIONS WITH BIC			ST	OF TRANSPORAT	ידו
93B	REIMBURSEMENT FROM OVE	RSEAS P	ARTNERS FOR	SHI	PPING	TON
			INCIDENCE TOR	OHI	IIIII	
Marian Carana						
Part	IX Information Regarding Taxable	Subsidiar	ies and Disregard	ed Fr	ntities (See the instruction	one l
Nem	(A)(B)	00	(C)	- L	(D)	(E)
Nan	le, address, and EIN of corporation, artnership, or disregarded entity ownership inter		Nature of activities		Total income	End-of-year
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	001				
***************************************		%		11000		assets
	N/A	%				dssets
	N/A	%				dssets
	N/A	%				assets
Part		% %	ated with Personal	Ron	ofit Contracts (C	
Part	X Information Regarding Transfe	% % % rs Associa	ated with Personal	Bene	efit Contracts (See th	e instructions.)
(a) I	X Information Regarding Transfe Did the organization, during the year, receive any funds,	% % % rs Associa	irectly, to pay premiums on	a perso	onal benefit contract?	e instructions.)
(a) (b) (a)	X Information Regarding Transfe Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, dir	% % rs Associa , directly or indirectly or indirectly	irectly, to pay premiums on tly, on a personal benefit co	a perso	onal benefit contract?	e instructions.)
(a) [(b) [Note	Information Regarding Transfe Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, did E: If "Yes" to (b), file Form 8870 and Form 4720 (s	% % rs Associa , directly or indirectly or indirectly or indirected instruction	irectly, to pay premiums on tly, on a personal benefit co ns).	a perso intract?	onal benefit contract?	e instructions.) Yes X No Yes X No
(a) (b) (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	X Information Regarding Transfe Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, dir	% % rs Associa , directly or indirectly or indirectly or indirected instruction	irectly, to pay premiums on tly, on a personal benefit co ns). ng accompanying schedules and all information of which prepare	a persontract?	onal benefit contract? ents, and to the best of my knowled y knowledge.	e instructions.) Yes X No Yes X No
(a) [(b) [Note	Information Regarding Transfer Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, did a: If "Yes" to (b), file Form 8870 and Form 4720 (s Under the penalties of perjury, I declare that I have examined tit correct, and complete. Declaration of preparer (other than complete).	% % rs Associa , directly or indirectly or indirectly or indirected instruction	irectly, to pay premiums on tly, on a personal benefit cons). In a accompanying schedules and all information of which prepare	a persontract? statement has an AVI	onal benefit contract? onts, and to the best of my knowled by knowledge. D SCHWEIDENBE	e instructions.) Yes X No Yes X No
(a) [(b) [Note Please Sign	Information Regarding Transfe Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, die If "Yes" to (b), file Form 8870 and Form 4720 (s Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than to signature of officer	% % rs Associa , directly or indirectly or indirectly or indirected instruction	irectly, to pay premiums on tily, on a personal benefit cons). In a companying schedules and all information of which prepare the pare to be a parent to be	a person ontract? statement has an AVI	onal benefit contract? onts, and to the best of my knowled by knowledge. D SCHWEIDENBE or ont name and title.	e instructions.) Yes X No Yes X No Yes X No CRACK, PRESIDENT
(a) [(b) [Note Please Sign	Information Regarding Transfe Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, die or If "Yes" to (b), file Form 8870 and Form 4720 (s Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than complete.) Signature of officer Preparer's	% % rs Associa , directly or indirectly or indirectly or indirected instruction	irectly, to pay premiums on tly, on a personal benefit cons). In a accompanying schedules and all information of which prepare	statemer has an AVI	ents, and to the best of my knowled by knowledge. D SCHWEIDENBA Drint name and title. Check if Self-	e instructions.) Yes X No Yes X No
(a) (b) (b) (c) Note Please Sign Here	Information Regarding Transfer Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, did a: If "Yes" to (b), file Form 8870 and Form 4720 (s Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than complete.) Signature of officer Preparer's signature	% % rs Associa , directly or indirectly is based on	irectly, to pay premiums on titly, on a personal benefit cons). Ing accompanying schedules and all information of which prepare Date Date	a person ontract? statement has an AVI	ents, and to the best of my knowled by knowledge. D SCHWEIDENBA brint name and title. Check if self-employed	e instructions.) Yes X No Yes X No Yes X No CRACK, PRESIDENT
(a) (b) (b) (c) Note Please Sign Here	Information Regarding Transfer Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, did a: If "Yes" to (b), file Form 8870 and Form 4720 (s Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than complete.) Signature of officer Preparer's signature Firm's name (or BENJAMIN J DAN yours if J DAN yours if J DAN J	% % rs Associa , directly or indirectly is based on	irectly, to pay premiums on tily, on a personal benefit cons). In a companying schedules and all information of which prepare the pare to be a parent to be	statemer has an AVI	ents, and to the best of my knowled by knowledge. D SCHWEIDENBA Drint name and title. Check if Self-	e instructions.) Yes X No Yes X No Yes X No CRACK, PRESIDENT
(a) (b) (b) Note Please Sign Here Paid Prepare	Information Regarding Transfer Did the organization, during the year, receive any funds, Did the organization, during the year, pay premiums, did a: If "Yes" to (b), file Form 8870 and Form 4720 (s Under penalties of perjury, I declare that I have examined the correct, and complete. Declaration of preparer (other than complete.) Signature of officer Preparer's signature Firm's name (or yours if self-employed), address, and of the property	% % rs Associa , directly or indirectly or indirectly or indirectly or indirectly or including see instruction is return, including fifteen is based on	irectly, to pay premiums on titly, on a personal benefit cons). Ing accompanying schedules and all information of which prepare Date Date	statemer has an AVI	ents, and to the best of my knowled y knowledge. D SCHWEIDENB Point name and title. Check if self-employed EIN	e instructions.) Yes X No Yes X No Yes X No Compared to the structure of the structure

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization PEDALS FOR PROGRESS, Employer identification number A NJ NONPROFIT CORPORATION 22 3122003 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (b) Title and average hours (a) Name and address of each employee paid (e) Expense (c) Compensation per week devoted to account and other more than \$50,000 position allowances NONE Total number of other employees paid over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE 0. Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

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

Schedule A (Form 990 or 990-EZ) 2005

0

\$50,000 for other services

Total number of other contractors receiving over

\sim	27	20	00	-	
22-	- 3 1	11	UU	1.3	

n	2	a	^	-

Pa	ırt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During th	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	T		
	public op	inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying	activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of P	art VI-B.)	1		Х
	Organizat	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking	"Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors			
	person is attach a	officious, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.)			
а	Sale, exci	nange, or leasing of property?	2a		X
b	Lending o	of money or other extension of credit?	2b		х
C	Furnishin	g of goods, services, or facilities?	20		х
d	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Transfer o	of any part of its income or assets?	2e		х
3 a	Do you m	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	20		
4	you deten	mine that recipients qualify to receive payments.)	3a		Х
b	Do you ha	ive a section 403(b) annuity plan for your employees?	3b		Х
C	During the	e year, did the organization receive a contribution of qualified real property interest under section 170(h)?	Зс		X
4 a	Did you n	naintain any separate account for participating donors where donors have the right to provide advice			
	on the us	e or distribution of funds?	4a		Х
<u>b</u>	Do you pr	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	art IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	ornanizati	on is not a private foundation because it is: (Please check only ONE applicable box.)	-		
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	Ħ	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	一	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
-		and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)			
		(Also complete the Support Schedule in Part IV-A.)			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers) and supports organizations described by any disqualified persons (other than foundation managers).	ibed in:		
		(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that descr	ibes		
		the type of supporting organization: Type 1 Type 2 Type 3			
-		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s)		ne num om abo	
				101	
-					
13					
5231		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			
52311 02-03	-06	Schedule A (Form	990 or	990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 A NJ NONPROFIT CORPORATION

Calen	Note: You may use the dar year (or fiscal year				Tangata was was	
egin 15	ning in) Gifts, grants, and contributions	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
10	received. (Do not include unusual grants. See line 28.)	340321.	322810.	279288.	345367.	1287786
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	506.	951.	1233.	1632.	4322
19	Net income from unrelated business		1 - 198-12 11-03 22			
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	340827.	323761.	280521.	346999.	1292108
24	Line 23 minus line 17	340827.	323761.	280521.	346999.	1292108
25	Enter 1% of line 23	3408.	3238.	2805.	3470.	
26	Organizations described on lines 10	or 11: a Enter 2% of an	nount in column (e), line 2	24	▶ 26a	25842
b	Prepare a list for your records to show					
	unit or publicly supported organization					
	Do not file this list with your return.					0
C	Total support for section 509(a)(1) te					1292108
d	Add: Amounts from column (e) for lin		4322. 19 _		_	
						4322
e	Public support (line 26c minus line 26	od total)			26e	1287786
	Public support percentage (line 26e					99.6655
27	Organizations described on line 12:					
	records to show the name of, and total		n year from, each "disqua	lified person." Do not file t	his list with your return	. Enter the sum of
	nuch amounts for each week					
		N/A	4000	.01	(000)	
ь	(2004)	. (2003)				
b	(2004) For any amount included in line 17 that and amount received for each year, the	(2003) at was received from each nat was more than the larg	person (other than "disquer of (1) the amount on	alified persons"), prepare line 25 for the year or (2) \$	a list for your records to \$5,000. (Include in the li	show the name of, st organizations
b	(2004) For any amount included in line 17 the and amount received for each year, the described in lines 5 through 11b, as we the larger amount described in (1) or	at was received from each nat was more than the larg well as individuals.) Do not (2), enter the sum of these	person (other than "disquer of (1) the amount on file this list with your released of the excess.	ualified persons"), prepare line 25 for the year or (2) t lurn. After computing the amounts) for each year:	a list for your records to \$5,000. (Include in the li- difference between the a N/A	show the name of, st organizations mount received and
b	(2004) For any amount included in line 17 that and amount received for each year, the described in lines 5 through 11b, as we the larger amount described in (1) or (2004)	at was received from each nat was more than the larg well as individuals.) Do not (2), enter the sum of these (2003)	person (other than "disquer of (1) the amount on file this list with your released (the excess (200	palified persons"), prepare line 25 for the year or (2) s lurn. After computing the amounts) for each year: 12)	a list for your records to \$5,000. (Include in the li- difference between the a N/A (2001)	show the name of, st organizations mount received and
b	(2004) For any amount included in line 17 that and amount received for each year, the described in lines 5 through 11b, as with larger amount described in (1) or (2004) Add: Amounts from column (e) for line	at was received from each nat was more than the larg well as individuals.) Do not (2), enter the sum of these (2003)	person (other than "disquer of (1) the amount on file this list with your refe differences (the excess	palified persons"), prepare line 25 for the year or (2) sturn. After computing the amounts) for each year: 12)	a list for your records to \$5,000. (Include in the lidifference between the a N/A (2001)	show the name of, st organizations mount received and
b c	(2004) For any amount included in line 17 thand amount received for each year, the described in lines 5 through 11b, as with the larger amount described in (1) or (2004) Add: Amounts from column (e) for line 17	at was received from each nat was more than the larg well as individuals.) Do not (2), enter the sum of these (2003)	person (other than "disquer of (1) the amount on file this list with your released differences (the excess (200	palified persons"), prepare line 25 for the year or (2) \$ lurn. After computing the amounts) for each year: 12) 16 21	a list for your records to \$5,000. (Include in the lidifference between the a N/A (2001)	show the name of, st organizations mount received and N/A
C	(2004) For any amount included in line 17 thand amount received for each year, the described in lines 5 through 11b, as with the larger amount described in (1) or (2004) Add: Amounts from column (e) for line 17 Add: Line 27a total	at was received from each nat was more than the large well as individuals.) Do not (2), enter the sum of these (2003) 15	person (other than "disquer of (1) the amount on file this list with your reled differences (the excess (200	palified persons"), prepare line 25 for the year or (2) 3 lurn. After computing the amounts) for each year: (2) 16	a list for your records to \$5,000. (Include in the lidifference between the a N/A (2001)	show the name of, st organizations mount received and N/A N/A
C	(2004) For any amount included in line 17 that and amount received for each year, the described in lines 5 through 11b, as we the larger amount described in (1) or (2004) Add: Amounts from column (e) for line 17 Add: Line 27a total Public support (line 27c total minus line)	at was received from each nat was more than the larg well as individuals.) Do not (2), enter the sum of these (2003) les: 15 20 and line 27d total)	person (other than "disquer of (1) the amount on file this list with your reledifferences (the excess (200	palified persons"), prepare line 25 for the year or (2) \$ lurn. After computing the amounts) for each year: 12) 16	a list for your records to \$5,000. (Include in the li difference between the a N/A (2001)	show the name of, st organizations mount received and
C	(2004) For any amount included in line 17 thand amount received for each year, the described in lines 5 through 11b, as with the larger amount described in (1) or (2004) Add: Amounts from column (e) for line 17 Add: Line 27a total	at was received from each nat was more than the large well as individuals.) Do not (2), enter the sum of these (2003) These: The sum of these and the sum of the sum o	person (other than "disquer of (1) the amount on file this list with your reledifferences (the excess (200 line 27b total	palified persons"), prepare line 25 for the year or (2) \$ lurn. After computing the amounts) for each year: 12)	a list for your records to \$5,000. (Include in the lidifference between the a N/A (2001) 27c 27d 27e	show the name of, st organizations mount received and N/A N/A

None

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return. Do not include these grants in line 15.

Schedule A (Form 990 or 990-EZ) 2005

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	2512200000000	bearing the
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		00000000
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
		-		
2	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	20-		88330
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	32b		
	admissions, programs, and scholarships?	20-		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32c		-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	320		
	, attach a separate statement.)			
		-		
3	Does the organization discriminate by race in any way with respect to:	-		
а	Students' rights or privileges?	33a	0000000000000	E
b	Admissions policies?	33b		
C	Employment of faculty of administrative stam?	33c		-
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	330	esco cresso	
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
2				
4 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

Schedule A (Form 990 or 990-EZ) 2005 A NJ NONPROFIT CORPORATION

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Che	eck ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you c	hecked "a" and "limited contro	l" provisions apply.
2000	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) 36	N/A	
37			
38			
39	Other exempt purpose expenditures 39		
40			
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41) 42		
43			
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

	11-13	10		IV/ II
infl	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		7	
C	Media advertisements			
d	Mailings to members, legislators, or the public			
8	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

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Schedule A (Form 990 or 990-EZ) 2005

Par		arding Transfers To and ations (See page 12 of the instru		d Relationships With Nonc	haritable			
51		rectly or indirectly engage in any of t		er organization described in section				
		ection 501(c)(3) organizations) or in						
		anization to a noncharitable exempt				Yes	No	
	(i) Cash				51a(i)		Х	
	(ii) Other assets				a(ii)		Х	
b	Other transactions:							
	(i) Sales or exchanges of assets	s with a noncharitable exempt organ	ization		b(i)	!	Х	
	(ii) Purchases of assets from a	noncharitable exempt organization			b(ii)		Х	
	iii) Rental of facilities, equipmer	nt, or other assets		······································	b(iii)		Х	
	iv) Reimbursement arrangemen	nts			b(iv)		Х	
	(v) Loans or loan guarantees				b(v)		Х	
	vi) Performance of services or r	membership or fundraising solicitati	ons	11.00 m	b(vi)		X	
C	(vi) Performance of services or membership or fundraising solicitations Sharing of facilities, equipment, mailing lists, other assets, or paid employees							
d	f the answer to any of the above	is "Yes " complete the following sch	edule Column (h) should	always show the fair market value of th	<u>C</u>	6	X	
850 3	goods, other assets, or services	given by the reporting organization.	If the organization receive	ad less than fair market value in any	C			
		ent, show in column (d) the value of				N/A		
(a)			the goods, other assets, t	to the second se		IN / IN		
Line n				(d) Description of transfers, transaction	s, and sharing ar	rangen	nents	
			The second secon					
			TO STATE OF THE ST			2011		
52 a	Is the organization directly or ind	directly affiliated with, or related to, o	ne or more tax-exempt or			172		
b	Code (other than section 501(c)(If "Yes," complete the following s	(3)) or in section 527?			► ∐ Yes	Σ	No.	
	(a) Name of org	anization	(b) Type of organization	(c) Description of re	elationship			
	· · ·							
	40.00							
							n sver	

						W. Te		
523151	Total Street							
523151 02-03-0	6			Schedul	e A (Form 990 or	990-E	Z) 200	

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

Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Employer identification number

PEDALS FOR PROGRESS, A NJ NONPROFIT CORPORATION 22-3122003 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation. 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2005) for Form 990, Form 990-EZ, and Form 990-PF.

Name of organization
PEDALS FOR PROGRESS,
A NJ NONPROFIT CORPORATION

Employer identification number

22-3122003

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE WILLIAM S JELIN CHARITABLE FOUNDATION 330 CENTRAL AVE CLARK, NJ 07066	\$\\$10000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	NEW VERNON PRESBYTERIAN CHURCH LEES HILL ROAD NEW VERNON, NJ 07976	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II if there is a noncash contribution.)

Form 990 Other Changes in	Net Assets or Fu	nd Balances	Statement	1
Description			Amount	
CHANGE IN INVENTORY OF UNSHIPPED ACCESSORIES	BICYCLES, PARTS &		-10798	87.
Total to Form 990, Part I, line	20	e.	-10798	87.
Form 990 Depreciation of As	sets Not Held for	Investment	Statement	2
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	e
PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY	32964. 1147. 3701. 3487. 1456.	32964. 801. 1850. 1046. 146.	18: 24:	0. 46. 51. 41.
Total to Form 990, Part IV, ln 5	7 42755.	36807.	59	48.
Form 990 Other Revenue	Not Included on	Form 990	Statement	3
Description			Amount	
DONATED BICYCLES & OTHER PERSONA	L PROPERTY		2998	25.
Total to Form 990, Part IV-A			2998	25.
Form 990 Other Expense	s Not Included or	n Form 990	Statement	4
Description			Amount	
DONATED BICYCLES & OTHER PERSONA	L PROPERTY-SHIPPE	ED	4078	312.
Total to Form 990, Part IV-B			4078	112

		State	ement 5
Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
PRESIDENT 40.	50264.	5028.	0.
CONTROLLER 4.	5765.	0.	0.
TRUSTEE 4.	0.	0.	0.
VICE CHAIRPERS	SON 0.	0.	0.
TRUSTEE 10.	0.	0.	0.
CHAIRPERSON 12.	0.	0.	0.
TRUSTEE 2.	0.	0.	0.
SECRETARY 5.	0.	0.	0.
TREASURER 4.	0.	0.	0.
FORMER V P	2832.	283.	0.
art V	58861.	5311.	0.
	Title and Avrg Hrs/Wk PRESIDENT 40. CONTROLLER 4. VICE CHAIRPERS 7. TRUSTEE 10. CHAIRPERSON 12. TRUSTEE 2. SECRETARY 5. TREASURER 4.	### Avrg Hrs/Wk sation PRESIDENT	Title and Avrg Hrs/Wk Sation Employee Ben Plan Contrib PRESIDENT 40. 50264. 5028. CONTROLLER 4. 5765. 0. TRUSTEE 4. 0. 0. 0. VICE CHAIRPERSON 7. 0. 0. TRUSTEE 10. 0. 0. CHAIRPERSON 12. 0. 0. TRUSTEE 2. 0. 0. TRUSTEE 4. 0. 0. TRUSTEE 5. 0. 0. TRUSTEE 7. 0. 0. TRUSTEE 7. 0. 0. TRUSTEE 7. 0. 0. TRUSTEE 7. 0. 0. SECRETARY 7. 0. 0. FORMER V P 5. 2832. 283.

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. See separate instructions.

OMB No. 1545-0172

990

Sequence No. 67

Business or activity to which this form relates Identifying number Name(s) shown on return PEDALS FOR PROGRESS, Form 990 Page 2 22-3122003 A NJ NONPROFIT CORPORATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 105000. Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 3 420000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year 14 15 15 Property subject to section 168(f)(1) election 2811. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2005 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (g) Depreciation deduction (a) Classification of property period only - see instructions) 19a 3-year property 146. HY SL 1456. 5 Yrs. b 5-year property 7-year property C d 10-year property 15-year property 20-year property f S/L 25 yrs. 25-year property g MM S/L 27.5 yrs. h Residential rental property S/L 27.5 yrs. MM S/L 39 yrs. MM Nonresidential real property MM S/L Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year b S/L MM 40-vear Part IV Summary (see instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 3654. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2005) (Rev. 1-2006)