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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public

Form 990 (2013)

A	Fort	the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending	na SED	30, 2014	mspection
В	Check	of C Name of organization			The state of the s
pro		PEDALS FOR PROGRESS, A NJ NON PROFIT		Employer identif	ication number
L	cha	nge CORPORATION			
L]Nar	nge Doing Business As		22.2	1100000
L	Initi	Number and street (or P.O. box if mail is not delivered to street address)	n/suite E		122003
	Ten	E 86 EAST MAIN STREET	VSuite E	Telephone number	
L	Ame	ended			638-4811
	tion	HIGH BRIDGE, N.T 08829	100000000000000000000000000000000000000	Gross receipts \$	1,042,036.
	pen	F Name and address of principal officer:DAVID SCHWEIDENBACK	H(a	a) Is this a group r	Property A.
		SAME AS C ABOVE		for subordinates	
1	Tax-e	T COLUMN TO THE			ncluded? Yes No
		xempt status: $[X]$ 501(c)(3) $[]$ 501(c) () $]$ (insert no.) $[]$ 4947(a)(1) or $[]$ site: $[]$ WWW . P4P . ORG	527	If "No," attach a	list. (see instructions)
		of organization Y Corporation T	H(c	Group exemptio	n number >
P	art I	Summary	Year of for	mation: 1991 N	N State of legal domicile: NJ
a)	1	Briefly describe the organization's mission or most significant activities: PEDALS RESCUE BICYCLES AND CENTING MACHINES	TOD D		
nce		RESCUE BICYCLES AND SEWING MACHINES PEDALS	FOR P.	ROGRESS'S	GOAL IS TO
rna	2	RESCUE BICYCLES AND SEWING MACHINES DESTINE. Check this box if the organization discontinued its operations or disposed of	D FOR	AMERICA'	S LANDFILLS
Activities & Governance	3				ssets.
G	4	Number of independent voting members of the governing body (Part VI, line 1a) Total number of individuals amplaced in section 1.	************	3	5
SS	5	Total number of volunteers (setiments)	***********	4	4
Vitie	6	Total number of volunteers (estimate if pecessary)		5	19
cti	7 a	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		6	482
A	b	Net unrelated business taxable income from Form 990-T, line 34	•••••	7a	0.
		and seawest taxable medine from Form 990-1, line 34			0.
4	8	Contributions and grants (Part VIII line 1b)	P	Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		289,368.	680,999.
eve	10	Investment income (Part VIII, line 2g)		26,745.	50,525.
B	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.	23,066.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,251.	7,442.
-	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		319,368.	762,032.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for mambars (Part IX, column (A), lines 1-3)		141,164.	538,254.
S	15	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Ise	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,774.	166,758.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ĕ	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A) lines 115 115 115 115 115 115 115 115 115 11			
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		86,690.	114,210.
	19	Revenue less expanses. Subtract line 19 from the 10		339,628.	819,222.
Ses		Revenue less expenses. Subtract line 18 from line 12	4	-20,260.	-57,190.
Fund Balances	20	Total assets (Part X, line 16)	Beginnin	g of Current Year	End of Year
A Ba		Total liabilities (Part V. line 26)		343,487.	136,531.
-uncer		Net assets or fund balances. Subtract line 21 from line 20		159,565.	7,200.
	rt II	Signature Block		183,922.	129,331.
-					
rue.	correc	Ities of perjury, declare that I have examined this return, including accompanying schedules and state, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.	atements, a	nd to the best of my	knowledge and belief, it is
		strip you be darking or purpose y (quier than officer) is based on all information of which prep	parer has an	y knowledge.	1
Sign		Signature of officer		12/15	714
lere				Date	
		DAVID SCHWEIDENBACK, PRESIDENT Type or print name and title		-	Miles and the second of the se
-		DeightTours	Doto		
aid	,	DIIOMAC D. DADENTET - CO-	Date	Check	PTIN
гера			C12/0	9/14 self-employed	P00224464
				Firm's EIN	22-1914888
126	Only	Firm's address 200 VALLEY RD. SUITE 300			
		MT. ARLINGTON, NJ 07856		Phone no. (97	73) 328-1825
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	IT III State	ment of Program Sor	nico Accomplialemente	22-312	2003 Pag
	Chack	if Schedule O contains	vice Accomplishments		
1	Briefly describ	be the organization's mission	sponse or note to any line in this Part III		
,	TO SUPE	OT.V FCONOMIC DI	n: EVELODMENT ATD DV DDG		
	MACHINE	ES IN THE II C	EVELOPMENT AID BY RECY	CLING BICYCLES AND S	EWING
	WORLD.	10 IN 1111 U.D.	AND SHIPPING THEM TO	THE PEOPLE OF THE DE	VELOPING
2	Did the organ	ization undertake any signif	icant program services during the year whi	ch wars not listed an	
	the prior Forn	990 or 990-EZ?	Colonial Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Colonia Col	on were not listed on	Yes X
	If "Yes," desc	ribe these new services on	Schedule O.		L Yes X
3			r make significant changes in how it condu	cts, any program services?	Yes X
	ii res, desc	ribe these changes on Sche	edule O.		
	Describe the	organization's program serv	ice accomplishments for each of its three la	argest program services as measured by	avnoncoo
	360001130110	(3) and 501(c)(4) organization	ons are required to report the amount of ar	ants and allocations to others, the total a	expenses.
	revenue, if an	y, for each program service	reported.	to others, the total e.	spenses, and
а	(Code:) (Expenses \$	771,693. including grants of \$	538,254.) (Revenue \$	57,967
	PEDALS	FOR PROGRESS'S	PRIMARY EXEMPT PURPO	SE IS TO SUPPLY WITA	CUADIMI
	TAMEL	OVERSEAS, KE	CONDITIONED AND USED	BICYCLES TO LOW-INCOM	AE.
	FAMILIE	S IN NEED OF A	AFFORDABLE TRANSPORT F	OR PRODUCTIVE PURPOSI	ES.
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	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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) (Revenue \$	
	Other program) (Expenses \$) (Revenue \$	
(((Other program Expenses \$	services (Describe in Sched) (Revenue \$	

Part IV Checklist of Required Schedules

 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation if "Yes," complete Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membrishing armounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part Did the organization maintain any donor advised funds or any similar funds or accounts for we provide advice on the distribution or investment of amounts in such funds or accounts? If "Y 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Y 8 Did the organization maintain collections of works of art, historical treasures, or other similar a Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily rest endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 12 that assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 12 Did the organization report an amount for other assets in Part X, line 16 Part X, line 13 that assets reported in Part X, line 16			Yes	No
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foreign organization? If "Yes," complete Schedule F, Parts II and IV	anishas	14b	X	
at 12 years and 12	ssistance to or for any			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants		15	X	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	or other assistance to			
Did the organization report a total of more than \$15,000 of expenses for professional fundraisin		16		X
Column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
bid the organization report more trial \$15,000 total of fundraising event gross income and con-	tributions on Dort VIII II			
To and 8a? If "Yes," complete Schedule G, Part II		18		X
and activities on Dart V	/III line 0.00 1/ 11// 11		-	-
complete Schedule G, Part III	55870	19		X
some of the of t		20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this	return?	20b	+	47

Form 990 (2013) CORPORATION 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	[Yes	s No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- 1		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. 22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes " complete			
248	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal arrows of the control of the organization have a tax-exempt bond issue with an outstanding principal arrows of the control of the organization have a tax-exempt bond issue with an outstanding principal arrows of the control of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization have a tax-exempt bond issue with an outstanding principal arrows of the organization arrows	. 23		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24a		X
	any tax-exempt bonds?			
C	as as as an on benait of issuer for boilds outstanding at any time during the year?	24c	-	-
200	disqualified person during the year? If "Yes," complete Schedule L, Part I			x
b	to the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year and	_23a	+	+-
	Schedule L, Part I	25b		X
26	bit the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200	-	1
	complete Schedule L, Part II	26		X
27	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			
28	instructions for applicable filing thresholds, conditions, and exceptions):	21	<u> </u>	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
29	director, trustee, or direct or indirect owner? If "Yes." complete Schedule I. Part IV.	28c		Х
30	the digarization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	X	
	contributions? If "Yes," complete Schedule M	30		Х
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the	32		X
0.080	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. 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	33		X
	Did the organization have a controlled potity within the	34		X
b	general and a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
	occurred by (C)(S) organizations. Did the organization make any transfers to an exempt man about the			
7	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
U	and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 102	37		X
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			1 1
		410111111	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
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)	20	- 23	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b		3b		Λ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	-	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		v
b	If "Yes," enter the name of the foreign country:	4a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		-		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
С	If Was I be the Constitution of the Constituti	5b		X
6a		5c		
		_		37
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		X
		5524X		
7	organizations that may receive deductible contributions under section 170(c).	6b		-
а				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
	to file Form 8282?			**
d	If "Ves " indicate the number of Forms 2000 filed decise the	7c		X
е				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		_X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		_X
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?			
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included as Det VIIII II and			
b	Gross receipts included an Form 000 De 1/11 Fe 10 f			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	If "Ves " enter the amount of tay exempt interest and in the second of t	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note: See the instructions for additional information the expeniestion must receive the instructions for additional information the expeniestion must receive the expeniestion must be expeniested to the expeniestion must be expeniested to the expeniest the expeniest to the expeniest through the expeniest the expeniest the expeniest through the	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
	proprietion is licensed to issue qualified bealth - I			
C	Enter the amount of recover on head			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
		14a		X
N.	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013)

CORPORATION

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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.

	Chack if Schoolule O contains a recognize or pote to any line in this Dart VI			77
Sec	Check if Schedule O contains a response or note to any line in this Part VI	*********		X
000	Addition A. Governing Body and Management		Τ	I
15	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
161	If there are material differences in voting rights among members of the governing body, or if the governing	2		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	#		
2				v
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	-	X
0	of officers, directors, or trustees, or key employees to a management company or other person?			v
4	Did the organization make any significant changes to a management company of other person?		-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4	-	X
6		17 865		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X
		-		v
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		X
~				37
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
а	The governing body?		37	
b	Each committee with authority to act on behalf of the governing body?	8a	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	-	X
	(mis 33 de la revenue Code.)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10a	Did the organization have local chapters, branches, or affiliates?	10-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X
	and branches to ensure their operations are consistent with the organization's exempt purposes?	104		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	174	- 21	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	-
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
-	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►NJ, PA, CT, VT, NY		The same of the sa	-
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)	availab	le	-
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	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 organi (A) Name and Title	(B) Average hours per week	(do	(C) Position (do not check more th box, unless person is officer and a director/t			than	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN ALEXANDER TREASURER	2.00	X						0.	0.	0
(2) JOHN STRACHAN TRUSTEE	2.00									0
(3) ROBERT ZEH	2.00							0.		0
SECRETARY (4) ANDREW WILLIAMS	2.00							0.	0.	0
TRUSTEE (5) DAVID SCHWEIDENBACK	40.00	X	-				+	0.	0.	0
CHAIRMAN/PRESIDENT		X		X				85,500.	0.	17,588
										-
							1			w

Form 990 (2013)

\$100,000 of compensation from the organization

16221200 704010 040200001

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2013) CORPORATION
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a respons	se or note to any lin	e in this Part VIII			
					Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 2	Federated campaigns	1a					312-314
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues						
s, C	(Fundraising events						
Gift	(d Related organizations						
in.	6	Government grants (contribution	ns) 1e					
tion Sr se	f	All other contributions, gifts, grants,	and					
ibu		similar amounts not included above	1f	680,999.				
ontr	ç	Noncash contributions included in lines 1a	-1f; \$	511,716.				
S E	ŀ	Total. Add lines 1a-1f			680,999.			
				Business Code				
ice	2 a	REVOLVING FUNDS		900099	50,525.	50,525.		
ervi	b)						
n S	C							
Bev	d	1						
Program Service Revenue	e)						
ш	1	All other program service revenu						
		Total. Add lines 2a-2f		>	50,525.			
	3	Investment income (including div						
		other similar amounts)		▶	991.			991.
	4	Income from investment of tax-e						
	5	Royalties	590 50					
	6 a	Gross rents	(i) Real	(ii) Personal				
	b			+				
	C							
		Night word at the second at the second						
			i) Securities	(ii) Oth - ii				
	,	assets other than inventory	4	(ii) Other . 300,000.				
	b	Less: cost or other basis	4,013	. 300,000.	5			
		and sales expenses	79	.279,925.				
	С	Gain or (loss)	2.000	20 075				
	d	Net gain or (loss)	27000	20,075.	22,075.			20 000
۵	8 a	Gross income from fundraising e	vents (not		44,075.			22,075.
anne		including \$						
leve		contributions reported on line 1c)	The state of the s					
Other Revenue		Part IV, line 18		a				
Oth	b	Less: direct expenses	t					
	С	Net income or (loss) from fundrais	sing events					4
	9 a	Gross income from gaming activity	ties. See					
		Part IV, line 19	a	1				
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming	activities .	·				
	10 a	Gross sales of inventory, less retu						
		and allowances	a					
		Less: cost of goods sold						
1	С	Net income or (loss) from sales of	inventory .	>				
+	11 2	Miscellaneous Revenue OTHER INCOME		Business Code	D 440			
	b			900099	7,442.	7,442.		
	C							
		All other revenue						
	u o	Total Add lines 11a 11a			7 440			
	12	Total Add lines 11a-11d		······ >	7,442.	F7 065		
32009		Total revenue. See instructions.	Attaches and	>	762,032.	57,967.	0.	23,066.

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Form 990 (2013) CORPORATION
Pari IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	this Part IX(B) Program service	(C)	(D)
/b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	and the distance to governments and	10 111			
0	organizations in the United States. See Part IV, line 21	10,411.	10,411.		
2	Grants and other assistance to individuals in				
0	the United States. See Part IV, line 22				-
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	527,843.	527,843.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	103,088.	92,780.	5,154.	5,154
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	47,803.	41,161.	3,581.	3,061
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,854.	5,884.	411.	559
9	Other employee benefits				
0	Payroll taxes	9,013.		9,013.	
1	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	8,332.		8,332.	
2	Advertising and promotion			0,332.	
3	Office expenses	19,909.	13,970.	2,034.	2 005
4	Information technology		13,370.	2,034.	3,905.
5	Royalties				
	Occupancy	17,357.	14,754.	1,736.	0.65
	Travel	3,690.	2,828.	833.	867.
	Payments of travel or entertainment expenses	3,050.	2,020.	833.	29.
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest	197.		107	
1	Payments to affiliates	1010		197.	
2	Depreciation, depletion, and amortization	671.		C71	
	Insurance	8,857.	7,971.	671.	
ı	Other expenses. Itemize expenses not covered 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 ().)	0,037.	7,971.	886.	manager - in manager and the set regard to have
а	SHIPPING AND COLLECTION	53,862.	53,862.		
	MERCHANDISE, PARTS AND	580.	229.		251
	STATE FEES	535.	447.	E 2 E	351.
	LICENSING AND DUES	220.		535.	
	All other expenses	220.		220.	
	Total functional expenses. Add lines 1 through 24e	819,222.	771 602	22 (02	12 22
	Joint costs. Complete this line only if the organization	017,444.	771,693.	33,603.	13,926.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Paga and mindraiony solicitation.				

	1990 (22-3	122003 Page 1
a	rt X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,673.	1	4,063
	2	Savings and temporary cash investments		20,186.		14,714
	3	Pledges and grants receivable, net		20/2001	3	
	4	Accounts receivable, net		1,600.		648
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifie				
		section 4958(f)(1)), persons described in section 4				
		employers and sponsoring organizations of sectio				
ers		employees' beneficiary organizations (see instr). C			6	
Assets	7	Notes and loans receivable, net			7	
•	8	Inventories for sale or use	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	38,406.	-	22,279
	9	The state of the s		6,212.	9	5,902
	10a	Land, buildings, and equipment: cost or other	E0 054			
		basis. Complete Part VI of Schedule D				2 2 2
	11	Less: accumulated depreciation	10b 50,072.	273,410.		2,179
	12	Investments · publicly traded securities		11	86,746	
	13	Investments - other securities, See Part IV, line 11 Investments - program-related. See Part IV, line 11			12	
	14				13	
	15	Intangible assets Other assets. See Part IV, line 11			14	
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	343,487.	15	126 521
	17	Accounts payable and accrued expenses		103,841.	17	136,531 7,200
	18	Grants payable	103,011.	18	7,200	
	19	Deferred revenue			19	
	20				20	
	21	Escrow or custodial account liability. Complete Pal	rt IV of Schedule D		21	
3	22	Loans and other payables to current and former of	fficers, directors, trustees,			
		key employees, highest compensated employees,	and disqualified persons.			
2		Complete Part II of Schedule L			22	
'	23	Secured mortgages and notes payable to unrelate	d third parties	45,780.	23	
	24	Unsecured notes and loans payable to unrelated the	hird parties		24	
		Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 17	233			
		Schedule D		9,944.	25	0.
7		Total liabilities. Add lines 17 through 25		159,565.	26	7,200.
		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and 3				
		Unrestricted net assets		173,511.	07	100 221
	28	Temporarily restricted net assets	***************************************	1/3,311.	27	129,331.
	29			10,411.	28	0
		Organizations that do not follow SFAS 117 (ASC	958) check here	10,411.	29	0.
		and complete lines 30 through 34.	oooj, check here			
		Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equip	oment fund		31	
		Retained earnings, endowment, accumulated incor			32	
		Total net assets or fund balances		183,922.	33	129,331.
		Total liabilities and net assets/fund balances		343,487.	-	

	CORFORATION	44-314	4003	Pag	ge 12
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		2,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		-	90.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	3,9	22.
5	Net unrealized gains (losses) on investments	5		2,5	99.
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,				
	column (B))	10	12	9,3	31.
Pa	rt XII Financial Statements and Reporting		**************		
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
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	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			and the same same	
	separate basis, consolidated basis, or both:	257			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e hasis	20	22	
	consolidated basis, or both:	0 00010,			
	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	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?	e addit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	adula O	20	21	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ale Audit			
	Act and OMB Circular A-133?	igio Addit	20		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	rod audit	3a		
10068	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		24		
	, and any stops taken to undergo such addition		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

PEDALS FOR PROGRESS,

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

A NJ NON PROFIT

2013

Open to Public Inspection

Employer identification number

CORPORATION -3122003Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the organization in col. (i) organized in the U.S.? (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your organization in col. support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013 Form 990 or 990-EZ.

Schedule A	(Form 990 or 990-EZ) 2013 CORPORATION	22-3122003 Page 4
Part IV	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).	
	Also complete this part for any additional information. (See instructions).	
	u u	
		THE THE PARTY OF T
	THE PARTY OF THE P	

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 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

Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	inds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa	Irt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat Preservation of a certified I	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contr	conservation easement on the last
	day of the tax year.	ender allen edeement en trie last
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year -	on which the factories of the state of the s
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	in Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
Par	rt III Organizations Maintaining Collections of Art Historical Treasures or Other	a
, ai	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
12		
ia	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.	public service, provide, in Part XIII,
h		
U	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and by	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se relating to these items:	rvice, provide the following amounts
		N
	(i) Revenues included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X	. > \$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	. • \$
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide
а	Bevenues included in Form 990. Part VIII. line 1	X
h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X	
		▶ \$

Sch	edule D (Form 990) 2013 CORPORA	TION					22-31	2200	3 P	age !
Pa	art III Organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or	Othe	r Simila	ar Asse	ts/conti	nued)	age .
3	Using the organization's acquisition, access									
	(check all that apply):		of ortoon arry or the	ronoving triat a	10 4 51	grinicarit	350 01 165	CONCCIO	ii iteli	10.
a			[] Loop or eve	banas avessors						
	[· · · · · · · · · · · · · · · · · · ·	d		hange program						
b		е	Other		-					
	5									
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization	's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations of	of art, historical trea	sures, or other:	similar	assets	_	-7		-,
De	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?				Yes		No
	reported an amount on Form 990, Pa	art X, line 21.					, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custoo	lian or other intermed	iary for contribution	ns or other asse	ts not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						10000747	
								Amoun	t	
С	Beginning balance					1c		74110411		-
d	Additions during the year					1d				-
е	Distributions during the year					1e				-
f	Ending balance		***************************************			1f				-
2a	Did the organization include an amount on F	orm 990. Part X. line	21?					Yes		No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	nlanation has been	provided in Par	+ VIII					
Pa	rt V Endowment Funds. Complete	if the organization and	swered "Yes" to Fo	rm 990 Part IV	line 10	n	***********	**********		1
		(a) Current year	(b) Prior year							
1a	Beginning of year balance			(c) Two years b		d) Three y	ears back	(e) Four	years	Dack
b		10,411.	10,411.	10,4	111.					-
C	Net investment earnings, gains, and losses									
4										
u	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	10,411.								
f	Administrative expenses					30 n-0-100				
g	End of year balance		10,411.	10.4	11.					
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	-							
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse		tion that are held ar	nd administered	for the	e organiza	ation			
	by:					o organiza	40011	Г	Vaa	NI -
	(i) unrelated organizations							0-(1)	Yes	No
	(ii) related organizations		***********************					3a(i)		X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule P2			*******		3a(ii)		X
4	Describe in Part XIII the intended uses of the	organization's andou	mont funda		*****			3b		
	t VI Land, Buildings, and Equipm	ent	vinent lunus.		_					
	Complete if the organization answered		Dort IV line 11- De	- F 000 B						
	Description of property	(a) Cost or oth basis (investment)				cumulated reciation	1	(d) Book	value	9
	Land									
b	Buildings									
С	Leasehold improvements							-		
	Equipment		5	2,251.		50,07	2		2,1	70
u		· · · · · · · · · · · · · · · · · · ·				,01	44 0			13
	Other									

chedule D	(Form	990)	2013	CC	DRP	ORAT:	ION
	-	THE RESERVE OF THE PARTY OF THE	STATE OF THE PARTY	-			-

	Complete if the organization answered "Yes" t			
a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
Financi	ial derivatives			
Closely	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
E)				
(F)				
(G)				
(H)				
II. (Col. ((b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" to	o Form 990. Part IV. line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
1)				
2)				
3)				
4)				
5)				
6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
art IX	Other Assets.			
art IX	Other Assets.	Form 990. Part IV line	11d See Form 990 Part X line 15	
art IX	Other Assets. Complete if the organization answered "Yes" to	o Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(h) Book value
art IX	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
nrt IX	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Yes" to		11d. See Form 990, Part X, line 15.	(b) Book value
1) 2) 3) 4) 55) 66) 7) 8) 9) 11. (Colum	Other Assets. Complete if the organization answered "Yes" to (a) D	escription		(b) Book value
1) 2) 3) 4) 55) 66) 7) 8) 9) il. (Colum	Other Assets. Complete if the organization answered "Yes" to	escription		(b) Book value
1) 2) 3) 4) 55) 66) 7) 8) 9) il. (Colum	Other Assets. Complete if the organization answered "Yes" to (a) D (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	escription		
rt IX] 1) 2) 33) 44) 55) 77) 38) 9)	Other Assets. Complete if the organization answered "Yes" to (a) D (a) D	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 3) 4) 5) 7) 8) 9) 1. (Columnt X	Other Assets. Complete if the organization answered "Yes" to (a) D (a) D mm (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to	15.) Form 990, Part IV, line		
rt IX 1) 2) 33) 44) 55) 56) 7) 38) 9) 1. (Column rt X 1) Fed.	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 33) 44) 55) 65) 77) 33) 91) I. (Column X]	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 33) 44) 55) 65) 77) 89) 91. (Column X]	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 3) 4) 5) 6) 7) 8) 9) 11) Fed. 22) 33) 4)	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 3) 4) 5) 6) 77 8) 9) 11. (Column X 11) Fedo 22) 33) 44) 65)	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (11) (Colonist X) (11) (Fed. 22) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (11) (Columnt X) (11) (Fed. 2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Colour X) (1) (Fed. 2) (3) (4) (5) (5) (6) (7) (3) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (6) (6) (7) (7) (3) (6) (7) (3) (6) (7) (3) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1) 2) 3) 44) 55) 65) 7) 8) 9) 1) Feda 2) 3) 44) 65) 65) 7) 83) 9) 1) Feda 2) 8) 8) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9) 9)	Other Assets. Complete if the organization answered "Yes" to (a) D mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	15.) Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	

3

4c

Schedule D (Form 990) 2013 CORPORATION Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 774,568. 1 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2,599. a Net unrealized gains on investments 2a 9,937. 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) 12,536. 2e e Add lines 2a through 2d 762,032. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 4c 762.032. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 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. 829,159. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 9,937. a Donated services and use of facilities 2a 2b b Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 9,937. 2e e Add lines 2a through 2d 819,222.

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.

4a

3 Subtract line 2e from line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

PART X, LINE 2:

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

EXPLANATION: 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

332054

SCHEDULE F (Form 990)

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. ➤ See separate instructions.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

CORPORATION

Employer identification number

22-3122003

		ctivities Ou	tside the United States. Complete	e if the organization answered	
	the organization		ds to substantiate the amount of its gran the selection criteria used to award the g		Yes X No
2 For grantmakers. Described United States.	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance ou	tside the
3 Activities per Region. (T	he following Part	I, line 3 table c	an be duplicated if additional space is ne	eded.)	A A
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB SAHARAN AFRICA ANGOLA, BENIN, BOTSWANA, BURKINA,			DONATION OF BIKES AND		
FASO,	0	0	SEWING MACHINES		333,298.
CENTRAL AMERICA AND THE CARIBBEAN		el e	DOWN MILON OF DIVING AND		
ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0		DONATION OF BIKES AND SEWING MACHINES		118,035.
EUROPE (INCLUDING			DONATION OF BIKES AND		
ICELAND & GREENLAND)	0	0	SEWING MACHINES		57,178.
RUSSIA AND NEIGHBORING STATES	0	0	DONATION OF BIKES AND SEWING MACHINES		29,269.
	The state of the s				
A STATE OF THE STA					
2 a Sub total					
b Total from continuation	0	0			537,780.
sheets to Part I	0	0			0.
and 3b)	0	0			537,780.

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

Schedule F (Form 990) 2013

CORPORATION

Schedule F (Form 990) 2013

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. 22-3122003

Page 3

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV,	appiaisa, orrer					
(g) Description of non-cash assistance			1			
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(c) Number of (d) Amount of recipients cash grant						
(c) Number of recipients						
(b) Region						
(a) Type of grant or assistance						

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 CORPORATION 22-3122003 Page 4 Part IV | Foreign Forms 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) 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) 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) 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) 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)

for Form 5713)

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

Schedule F (Form 990) 2013

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CORPORATION Schedule F (Form 990) 2013 22-3122003 Page 5 Part V Supplemental 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: EXPLANATION: 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.

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Schedule F (Form 990) 2013

332075 10-03-13

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION Part General Information on Grants and Assistance	► Attach to Form 990.
PEDALS FOR PROGRESS, A NJ CORPORATION ation on Grants and Assistance	n about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
CORPORATION ation on Grants and Assistance	
ation on Grants and Assistance	

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

	istance?						Yes X No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	Governments an	nd Organizations in the	e United States. C	d States. Somplete if the orga	anization answered "	Yes" to Form 990. Part	IV. line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II ca	n be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNTERDON MEDICAL CENTER FOUNDATION - 2100 WESCOTT DRIVE - FLEMINGTON, NJ 08822	22-2526895	501(C)(3)	10,411.	. 0			THE FUNDS WILL BE DESIGNATED FOR THE CARDIOPULMONARY REHABILITATION PROGRAM AT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in the					A

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) CORPORATION

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

22-3122003

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

HUNTERDON MEDICAL CENTER FOUNDATION GOVERNMENT: ORGANIZATION OR NAME OF

THE BE DESIGNATED FOR WILL THE FUNDS OR ASSISTANCE: (H) PURPOSE OF GRANT

CARDIOPULMONARY REHABILITATION PROGRAM AT HUNTERDON MEDICAL CENTER

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

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.

PEDALS FOR PROGRESS, A NJ NON PROFIT Employee

Open to Public Inspection

Name of the organization

Employer identification number 22-3122003

CORPORATION Part I Types of Property

		(a) Check if	(b) Number of	(c) Noncash con	tribution	Method of o		ning	
		applicable	contributions or	amounts repo		noncash contrib	ution a	mount	ts
			items contributed	Form 990, Part	VIII, line 1g				-
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		Swam Elizabeth Salar Sal						
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 ▶ (BICYCLES, SEW)	X	3,690	511	.716.	THRIFT SHO	P VA	TILE	
26	Other								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organ	nization durin	g the tax year for o	contributions					
	for which the organization completed Form 8				29				
	3			gomon	120			Yes	No
30a	During the year, did the organization receive	by contribution	on any property re	norted in Part I li	nes 1 - 28	hat it must hold for		163	140
oou	at least three years from the date of the initia	Committee of the Commit			Principles (C) Commission				
	the entire holding period?						30a		X
h	If "Yes," describe the arrangement in Part II.	**************					304	-	22
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any non-stand	lard contrib	utions?	31	X	
	Does the organization hire or use third parties						31	Δ	-
3Zd			T-1				20-		X
h	contributions? If "Yes," describe in Part II.			***************************************			32a	-	Δ.
	If the organization did not report an amount i	n column (c)	for a type of are-	rty for which call	umn (a) ia -t	acked			
33	•	ii coluitiii (c)	ioi a type of prope	rty for which coll	inin (a) is ci	iecked,			
	describe in Part II.	e the Instruc						990)	

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THE MUTANOMATHER VALORIAL OF LITTE TO VEATEM THE

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization PEDALS FOR PROGRESS, A NJ NON PROFIT CORPORATION	Employer identification number 22-3122003
FORM 990 PART XII LINE 2C	
EXPLANATION: NO CHANGE FROM THE PRIOR YEAR.	
32212	

21 a 0