

Form **990**

**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)

OMB No. 1545-0047

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **SEP 1, 2007** and ending **SEP 30, 2007**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **BIDEAWEE, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **410 EAST 38TH STREET**  
 City or town, state or country, and ZIP + 4: **NEW YORK, NY 10016**

**D** Employer identification number: **13-1655210**

**E** Telephone number: **212 532-6395**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates: **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number: **N/A**

**G** Website: **WWW.BIDEAWEE.ORG**

**J** Organization type (check only one)  501(c) ( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **990,608.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b	84,025.		
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>84,025.</b> noncash \$ _____ )	1e		84,025.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		178,249.	
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5		58,574.	
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____ )	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities				
	669,525.	8a			
	Less: cost or other basis and sales expenses	8b			
	646,354.	8b			
<b>c</b> Gain or (loss) (attach schedule)	8c				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	STMT 1	23,171.		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a	235.			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 2	235.	
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		344,254.		
Expenses	<b>13</b> Program services (from line 44, column (B))	13	611,577.		
	<b>14</b> Management and general (from line 44, column (C))	14	96,061.		
	<b>15</b> Fundraising (from line 44, column (D))	15	127,862.		
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17		835,500.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	18		<491,246.>		
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	26,141,788.		
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	332,419.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		25,982,961.	

# Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>BIDEAWEE, INC.</b>	Employer identification number <b>13-1655210</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>410 EAST 38TH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10016</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **RAYMOND CUSHMORE**  
Telephone No. ▶ **212-532-6395** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **MAY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: BIDEAWEE, INC.
Employer Identification number: 13-1655210
Number, street, and room or suite no.: 410 EAST 38TH STREET
City, town or post office, state, and ZIP code: NEW YORK, NY 10016, NY 10016

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in the care of RAYMOND CUSHMORE
Telephone No. 212-532-6395 FAX No.

If the organization does not have an office or place of business in the United States, check this box [ ]

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box [ ] . If it is for part of the group, check this box [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until JULY 15, 2008
5 For calendar year , or other tax year beginning SEP 1, 2006 , and ending AUG 31, 2007
6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
INFORMATION REQUESTED FROM THIRD PARTIES IN ORDER TO COMPLETE THE RETURN IS STILL NOT AVAILABLE.

Table with 3 columns: Description, Amount, and Unit. Row 8a: nonrefundable credits, \$, 8a. Row 8b: refundable credits and estimated tax payments, \$, 8b. Row 8c: Balance Due, \$, 8c, N/A.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: Robert R Lyons Title: CPA Date: 4/14/08

Notice to Applicant. (To Be Completed by the IRS)

- [ ] We have approved this application. Please attach this form to the organization's return.
[ ] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
[ ] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
[ ] We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
[ ] Other

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: ATTN SANDY PAILLERE, 10TH FL MARKS PANETH & SHRON
Number and street (include suite, room, or apt. no.) or a P.O. box number: 622 THIRD AVENUE
City or town, province or state, and country (including postal or ZIP code): NEW YORK, NY 10017

623832 05-01-07

**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) organizations and section 4947(a)(1) nonexempt 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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	53,642.	15,451.	24,391.	13,800.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	335,361.	274,579.	31,545.	29,237.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	11,720.	11,173.	306.	241.
<b>28</b> Employee benefits not included on lines 25a-27	70,819.	59,013.	5,637.	6,169.
<b>29</b> Payroll taxes	28,820.	23,705.	2,608.	2,507.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees	10,976.	483.	2,058.	8,435.
<b>33</b> Supplies	68,565.	64,360.	975.	3,230.
<b>34</b> Telephone	9,683.	7,212.	1,391.	1,080.
<b>35</b> Postage and shipping	11,514.	8,132.	999.	2,383.
<b>36</b> Occupancy	49,134.	41,335.	4,337.	3,462.
<b>37</b> Equipment rental and maintenance	1,282.	1,282.		
<b>38</b> Printing and publications	2,999.	2,963.	36.	
<b>39</b> Travel	2,888.	2,046.	95.	747.
<b>40</b> Conferences, conventions, and meetings	13,895.	10,478.	1,079.	2,338.
<b>41</b> Interest	6,135.	5,151.	158.	826.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	45,583.	36,220.	3,684.	5,679.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> DIRECT MAIL	42,640.			42,640.
<b>b</b> STAFF DEVELOPMENT AND				
<b>c</b> DUES	2,502.	1,500.	46.	956.
<b>d</b> INSURANCE	10,269.	8,667.	626.	976.
<b>e</b> REPAIRS AND				
<b>f</b> MAINTENANCE	25,525.	22,480.	1,352.	1,693.
<b>g</b> PROFESSIONAL FEES	31,548.	15,347.	14,738.	1,463.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	835,500.	611,577.	96,061.	127,862.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	284,100.	46 336,241.
	47 a Accounts receivable	47a 85,127.	47c 85,127.
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a 473,459.	48c 447,754.
	b Less: allowance for doubtful accounts	48b 25,705.	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use	156,411.	52 157,376.
	53 Prepaid expenses and deferred charges	3,980.	53 3,328.
	54 a Investments - publicly-traded securities <b>STMT 7</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	15,320,518.	54a 15,240,024.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55 a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation	55b	
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 16,367,922.	57c 9,835,915.
b Less: accumulated depreciation <b>STMT 4</b>	57b 6,532,007.		
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 5</b> )	592,706.	58 597,501.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	26,761,010.	59 26,703,266.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	522,441.	60 624,054.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable <b>STMT 6</b>	16,432.	64b 15,902.
	65 Other liabilities (describe <b>CAPITAL LEASES</b> )	80,349.	65 80,349.
66 <b>Total liabilities.</b> Add lines 60 through 65	619,222.	66 720,305.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	16,885,963.	67 16,640,663.
	68 Temporarily restricted	351,000.	68 351,000.
	69 Permanently restricted	8,904,825.	69 8,991,298.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	26,141,788.	73 25,982,961.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	26,761,010.	74 26,703,266.	





Part VI Other Information (continued)

Form with questions 82a through 91b regarding organization activities, including sections 82a-85h, 86, 87, 88, 89, and 90. Includes Yes/No columns and numerical input fields.

**Part VI Other Information** (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PROGRAM REVENUE					178,249.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	58,574.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			03	23,171.	
101 Net income or (loss) from special events			01	<298.>	
102 Gross profit or (loss) from sales of inventory			03	235.	
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		81,682.	178,249.
105 Total (add line 104, columns (B), (D), and (E))					259,931.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	HELP PROVIDE AFFORDABLE ANIMAL CARE FOR THE NEEDY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Andrew S. Frey* Date: *6/17/08*  
 Type or print name and title: *Andrew S. Frey, Treasurer*

Paid Preparer's Use Only

Preparer's signature: *Hope Goldstein* Date: *6/16/08* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *Marks/Parekh & Shron LLP*  
*622 Third Avenue*  
*New York, NY 10017* EIN: \_\_\_\_\_ Phone no.: *212.503.8800*

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization <b>BIDEAWEE, INC.</b>	Employer identification number <b>13 1655210</b>
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**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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KERN E. DOWN MARTIN 410 EAST 38TH ST, NEW YORK, NY 10016	VETERINARIAN 35.00	6,923.	497.	
JERIANN D. SCHNEE 410 EAST 38TH ST, NEW YORK, NY 10016	VETERINARIAN 35.00	6,769.	1,340.	
HARRY PENSON 410 EAST 38TH ST, NEW YORK, NY 10016	VETERINARIAN 35.00	6,603.	1,847.	
DANIELLE MOSSA 410 EAST 38TH ST, NEW YORK, NY 10016	VETERINARIAN 35.00	6,231.	492.	
MARIE S. PAAR 410 EAST 38TH ST, NEW YORK, NY 10016	VETERINARIAN 35.00	6,497.	1,356.	
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
CARBONE SMOLAN AGENCY 22 W. 19TH STREET #10, NEW YORK, NY 10011	DESIGN	21,859.
ES11, LLC 8 STANLEY CIRCLE, SUITE #6, LATHAM, NY 12110	PROGAMMING FOR WEB SITE	18,125.
CAESAR CONSULTING GROUP 575 MADISON AVE, 10TH FLOOR, NEW YORK, NY 10022	BOARD CONSULTING	15,500.
CAROL WEBER/TRANSFORMATION COMMUNICATIONS 105 EAST 16TH STREET, NEW YORK, NY 10003	STAFF MANAGEMENT TRAINING	14,359.
MARKS PANETH & SHRON LLP 622 THIRD AVENUE, NEW YORK, NY 10017	AUDIT	6,500.
Total number of others receiving over \$50,000 for professional services ▶	5	

**Part II-B 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		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion 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 Part VI-B.) Organizations 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .....		X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		X
b	Did the organization make any taxable distributions under section 4966? .....		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization 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  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  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  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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,853,527.	5,328,015.	5,010,465.	7,477,485.	25,669,492.
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	2,328,666.	2,640,479.	2,624,560.	2,744,251.	10,337,956.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	613,893.	336,432.	364,302.	357,786.	1,672,413.
19 Net income from unrelated business 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			SEE STATEMENT 10 9,034.		9,034.
23 Total of lines 15 through 22	10,796,086.	8,304,926.	8,008,361.	10,579,522.	37,688,895.
24 Line 23 minus line 17	8,467,420.	5,664,447.	5,383,801.	7,835,271.	27,350,939.
25 Enter 1% of line 23	107,961.	83,049.	80,084.	105,795.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 25,669,492. 16 _____ 17 10,337,956. 20 _____ 21 _____					27c 36,007,448.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 36,007,448.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 37,688,895.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.5386%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 4.4374%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
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? .....		
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? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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 .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is - Not over \$500,000 ..... 20% of the amount on line 40 ..... Over \$500,000 but not over \$1,000,000 ..... \$100,000 plus 15% of the excess over \$500,000 ..... Over \$1,000,000 but not over \$1,500,000 ..... \$175,000 plus 10% of the excess over \$1,000,000 ..... 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 .....	41	
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
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 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e 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.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2007**

Name of organization

**BIDEAWEE, INC.**

Employer identification number

**13-1655210**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

BIDEAWEE, INC.

13-1655210

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MICHAEL GARDNER 40 WALL STREET, 58TH FLOOR NEW YORK, NY 10005-1310	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ELAINE ROBBINS 50 BRIGHTON 1ST ROAD, APT 4N BROOKLYN, NY 11235	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DONNA AND MARVIN SCHWARTZ 2 EAST 88TH STREET, 12TH FLOOR NEW YORK, NY 10128	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND			.000	16	126,080.			126,080.			0.
2	BUILDINGS AND IMPROVEMENTS SL 40YRS		SL	.000	16	15083441.			15083441.	5805385.		31,762.
3	OFFICE EQUIPMENT, FURNITURE, AND VEHICLE		SL	.000	16	1143888.			1143888.	681,039.		13,821.
4	CONSTRUCTION IN PROGRESS			.000	16	14,513.			14,513.			0.
	* TOTAL 990 PAGE 2 DEPR					16367922.		0.	16367922.	6486424.	0.	45,583.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**

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<u>DESCRIPTION</u>	<u>GROSS SALES PRICE</u>	<u>COST OR OTHER BASIS</u>	<u>EXPENSE OF SALE</u>	<u>NET GAIN OR (LOSS)</u>
SECURITIES	669,525.	646,354.	0.	23,171.
TO FORM 990, PART I, LINE 8	669,525.	646,354.	0.	23,171.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10.

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	515	
2. RETURNS AND ALLOWANCES . . . . .	280	
3. LINE 1 LESS LINE 2 . . . . .		235
<hr/>		
4. COST OF GOODS SOLD (LINE 13) . . . . .		
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		235
<hr/> <hr/>		

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .		
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		
<hr/>		
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		
<hr/> <hr/>		

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	326,451.
CHANGE IN SPLIT INTEREST	5,968.
TOTAL TO FORM 990, PART I, LINE 20	332,419.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	126,080.	0.	126,080.
BUILDINGS AND IMPROVEMENTS SL 40YRS	15,083,441.	5,837,147.	9,246,294.
OFFICE EQUIPMENT, FURNITURE, AND VEHICLES SL 5-15YRS	1,143,888.	694,860.	449,028.
CONSTRUCTION IN PROGRESS	14,513.	0.	14,513.
TOTAL TO FORM 990, PART IV, LN 57	16,367,922.	6,532,007.	9,835,915.

FORM 990	OTHER ASSETS	STATEMENT	5
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED FINANCING COSTS	3,686.	2,513.
BENEFICIAL INTEREST IN TRUSTS	589,020.	594,988.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	592,706.	597,501.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT  
 FINANCING COMPANY MONTHLY INSTALLMENT PAYMENTS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
04/14/05	04/14/10	26,778.	6.99%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN  
 CAR FINANCING

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
VEHICLE	13,836.	15,902.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 15,902.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
GOVERNMENT SECURITIES	FMV			7,727,072.	7,727,072.
COMMON STOCK	FMV	4,566,496.			4,566,496.
MUTUAL AND MONEY MARKET FUNDS	FMV			2,946,456.	2,946,456.
TO FORM 990, LINE 54A, COL B		4,566,496.		10,673,528.	15,240,024.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANE S. ENGLEBARDT 410 EAST 38TH STREET NEW YORK, NY 10016	PRESIDENT/CEO, DIRECTOR 35.00	17,308.	1,494.	0.
RAYMOND CUSHMORE 410 EAST 38TH STREET NEW YORK, NY 10016	VP OF FINANCE & ADMIN 35.00	11,092.	984.	0.
ALESIA SOLTANPANAH 410 EAST 38TH STREET NEW YORK, NY 10016	VP DEVELOP/MKTG COMMUNICATIONS 35.00	12,500.	1,040.	0.
ROBIN B. STUPACK 410 EAST 38TH STREET NEW YORK, NY 10016	VP/CHIEF OF VETERINARY SERVICES 35.00	8,319.	905.	0.
WILLIAM A. DUEKER, JR. 410 EAST 38TH STREET NEW YORK, NY 10016	CHAIRMAN 1.00	0.	0.	0.
MATTHEW B. TAYLOR 410 EAST 38TH STREET NEW YORK, NY 10016	VICE CHAIRMAN 1.00	0.	0.	0.
JOSEPH M. GARRISON 410 EAST 38TH STREET NEW YORK, NY 10016	VICE CHAIRMAN/TREASURER 1.00	0.	0.	0.
SUE GRUNDFEST 410 EAST 38TH STREET NEW YORK, NY 10016	SECRETARY 1.00	0.	0.	0.
LEWIS H. BERMAN, DVM 410 EAST 38TH STREET NEW YORK, NY 10016	DIRECTOR 0.50	0.	0.	0.
ANDREW S. FREY 410 EAST 38TH STREET NEW YORK, NY 10016	DIRECTOR 0.50	0.	0.	0.
MICHAEL GARDNER 410 EAST 38TH STREET NEW YORK, NY 10016	DIRECTOR 0.50	0.	0.	0.

ELLEN C. GRIMES 410 EAST 38TH STREET NEW YORK, NY 10016	DIRECTOR 0.50	0.	0.	0.
MARY M. LURIA, ESQ. 410 EAST 38TH STREET NEW YORK, NY 10016	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>49,219.</u>	<u>4,423.</u>	<u>0.</u>

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 9  
PART VI, LINE 90

STATES

NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ  
NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

SCHEDULE A	OTHER INCOME				STATEMENT 10
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER REVENUE	0.	0.	9,034.	0.	
TOTAL TO SCHEDULE A, LINE 22	<u>0.</u>	<u>0.</u>	<u>9,034.</u>	<u>0.</u>	