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 Open to Public

Department of the Freasury Internal Revenue Service

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

Inspection

AI	For the	2012 calendar year, or tax year beginning $$ OCT $1$ , $2012$ $$ and $$	ending 5	EP 30, 2013	-12				
***************************************	Check if applicable:	C Name of organization		D Employer identifica	ation number				
	Address	BIDEAWEE, INC.		12.16	:EE010				
F	Name	Doing Business As		13-1655210					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
	Termin-	410 EAST 38TH STREET	212 5	32-6395					
H	lated ]Amende			G Gross receipts \$	31,185,947.				
	return Applica- tion			H(a) Is this a group ret	um				
Ē	tion pending	F Name and address of principal officer:RAY CUSHMORE		for affiliates?	Yes X No				
		SAME AS C ABOVE			ided? Yes No				
**********	SAME AS C ABOVE    Tax-exempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527   If "No," attach a list. (see instructions)								
!	lax-exer	:► WWW.BIDEAWEE.ORG		H(c) Group exemption	number 🕨				
J	Website	rganization: X Corporation Trust Association Other	L Year	of formation: 1903 M	State of legal domicile: NY				
	Contract of the Party of the Pa	THE REPORT OF THE PARTY OF THE							
		1 1 1/1 t cettoities: TO C	ULTIVA	TE AND SUPPO	ORT THE				
Ç	I T	TERLONG RELATIONSHIPS BETWEEN FEID AND	7::						
Ian		heck this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	3615.				
Çe L	2 0	lumber of voting members of the governing body (Part VI, line 1a)		3					
ē	3 1	number of independent voting members of the governing body (Part VI, line 1b)		4	14				
త	4 1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	124				
Activities & Governance	5 T	otal number of individuals employed in desired.		6	700				
ξ	6 T	otal unrelated business revenue from Part VIII, column (C), line 12		78	1,250,657.				
Ac	781	et unrelated business taxable income from Form 990-T, line 34		7b	-419,687.				
	ID IV	et urrelated pusitions taxable income nom pu		Prior real	Current Year				
		Contributions and grants (Part VIII, line 1h)		6,815,014.	5,271,250.				
en	8 0	rogram service revenue (Part VIII, line 2g)		2,508,395.	2,549,408.				
Revenue	9 F	rogram service revenue (r ar VIII, into 29)  vestment income (Part VIII, column (A), lines 3, 4, and 7d)		917,798.	887,983.				
Re	10 li	Westment income (Fart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		135,378.	156,549.				
	111 0	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,376,585.	8,865,190.				
	12 7	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	13 0	tenefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		calaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	,,	5,985,950.	5,840,951.				
Expenses	15 5	(Part IV column (A) line 11e)		2,500.	0.				
eu	16a F	otal fundraising expenses (Part IX, column (D), line 25) 1,730,2	19.		7 504 775				
Ä	47 7	otal fundraising expenses (fart IX, column (A), lines 11a-11d, 11f-24e)		4,116,918.	4,291,465.				
	17 (	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-1.34.11	10,105,368.	10,132,416.				
	18 T	tevenue less expenses. Subtract line 18 from line 12		271,217.	-1,267,226.				
- 5	19 F	revenue less expenses, oderractime to wear	Be	ginning of Current Year	End of Year				
d Str	6 00 7	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		29,279,158.	27,864,765.				
SSE	20 1	otal liabilities (Part X, line 26)		828,513.	768,931.				
Net Asse	22 1	let assets or fund balances. Subtract line 21 from line 20		28,450,645.	27,095,834.				
		at a Di la			11 12 14 14				
Line		is at corium, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is				
free	aer benan	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparei	r has any knowledge.					
	-, 0011001	CLIENT COPY							
Cir		Signature of officer		Date					
Here RAY CUSHMORE, VP OF FINANCE AND ADMINISTRATION									
110	10	Type or print name and little			TI PIN				
Describe dispositive Uase, Check Filly									
Paid ROBERT R. LYONS, CPA / Self-employed POUZ									
Preparer Firm's name MARKS PANETH LLP Firm's EIN 13-1655									
Ilse Only Firm's address 685 THIRD AVENUE									
	-	NEW YORK, NY 10017		Phone no. 2.	12 503-8800				
Ms	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2012)				
1710	-		one		Form 300 (2012)				

orm	990 (2012) BIDEAWEE, INC. 13-1655210 Page 2
Pa	+ III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: TO CULTIVATE AND SUPPORT THE LIFELONG RELATIONSHIPS BETWEEN PETS AND
	THE PEOPLE WHO LOVE THEM.
	Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
J	If "Ves." describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,323,327. Including grants of \$ SHET/TERS PROVIDE FOOD & HOUSING FOR HOMELESS ANIMALS & ARRANGE FOR THE
	PLACING OF ANIMALS WITH NEW OWNERS.
	- F00 F40
4b	(Code: ) (Expenses \$ 2,061,305. including grants of \$ ) (Revenue \$ 1,509,548.)
	VETERINARY MEDICAL ASSISTANCE FOR INJURED AND SICK ANIMALS.
4c	(Code: ) (Expenses \$ 1,046,677. Incitating grants of \$ ) (Revenue \$ 896,626.
40	PET MEMORIAL PARKS PROVIDE FOR THE HUMANE DISPOSAL OF THE REMAINS OF
	DECEASED ANIMALS.
	(No code in Cohodulo (N)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ 584,589 • including grants of \$ ) (Revenue \$ 24,461 • )
Ac	(Expenses \$ 504,505   Industry grants of \$ 7,216,498.
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Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other tiabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b  $\overline{\mathbf{x}}$ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Dld the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 tc and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

#### Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 243 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an \*on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d 25a Section 501(c)(3) and 501(c)(4) organizations, Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 34 Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O ... Form 990 (2012)

<b>OCCUPATION</b>	m 990 (2012) BIDEAWEE, INC. 13-165	5210	) F	age
PE	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			r-
-	Check if Scriedule O corrains a response to any question in this Part V		1	<del> </del>
	Enter the number reported in Box 3 of Form 1096. Enter $\cdot 0 \cdot$ if not applicable	7	Yes	No
- 22	And the second s	5		
	Enter the number of Forms W-2d included in line 12. Enter of their dephicable	4		-
ε	Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	+-	+
28	12/	1		
h	lf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del> </del>	t =
За		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
(NA	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7¢		X
þ	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	1		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form '	990 (2	2012)

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

	Check if Schedule O contains a response to any question in this Part VI	• 1 1/2 / - 4 1	** **	X				
Sec	tion A. Governing Body and Management							
-			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	-						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х				
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		x				
	of officers, directors, or trustees, or key employees to a management company or other person?	3	<del> </del>	X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X				
6	Did the organization have members or stockholders?	0	_	11				
7a	**************************************	7a		x				
- 00	more members of the governing body?	14	-					
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х				
1200	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70						
8		8a	х					
2.0	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X					
b	Each committee with authority to act on benair of the governing body?	-00						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
Sec	tion B. Policies (This Section & Tequests information about policies for required by the informative seaso)		Yes	No				
+0.0	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
, u	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	The state of the s							
h	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							
-	in Schedule O how this was done	12c	X					
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							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a	X					
	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).							
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							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	- Jenselin						
	exempt status with respect to such arrangements?	16b						
Sect	tion C. Disclosure	137	CA	TT				
17	List the states with which a copy of this Form 990 is required to be filled NY, AL, AK, AZ, AR, CA, CO, CT, DC	, FLI	, GA	LID				
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) a	vallab	e					
	for public inspection. Indicate how you made these available, Check all that apply.							
	Own website	l fina-	cial					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	man	Cial					
	statements available to the public during the tax year.	on.	i.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat RAYMOND CUSHMORE - 516-785-4687	Ot 1.		************				
	3300 BELTAGH AVENUE, WANTAGH, NY 11793							
				-				

#### Form 990 (2012)

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

Check if Schedule O contains a response to any question 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 fax 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ona th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trestee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) NANCY L, TAYLOR PRESIDENT/CEO	60.00	x		х				265,799.	0.	26,064.	
(2) MARY M. LURIA, ESQ	8.00	+	-								
CHAIRMAN		X		X				0.	0.	0.	
(3) JOSEPH L. SORRA, JR.	4.00										
VICE CHARIMAN		X		X				0.	0.	0.	
(4) GUY B. LAWRENCE	4.00										
TREASURER		X		X				0.	0.	0.	
(5) PAMELA LAUDENSLAGER	2.00										
SECRETARY		X		X				0.	0.	0.	
(6) PALLAVI R. ATLURI	1.00									^	
DIRECTOR	1 2 2 5	X				_		0.	0.	0.	
(7) DAVID BEST, MD, MBA	1.00									Δ.	
DIRECTOR	7 77	Х						0.	0.	0.	
(8) LESLIE C. G. CAMPBELL	1.00	97						0.	0.	0.	
DIRECTOR	1.00	X		-						U.	
(9) DAVID FAZIO	1.00	х					- 1	0.	0.	0.	
DIRECTOR	1.00	Δ					$\dashv$	· · ·		· ·	
(10) ANDREW S, FREY	1.00	х					- 1	0.	0.	0.	
DIRECTOR (11) GARTH E. GRIFFITHS	1.00	Λ		-		$\vdash$	-				
DIRECTOR	2.00	X						0.	0.	0.	
(12) PAT HAEGELE	1.00	**		$\neg$		$\neg$	_				
DIRECTOR		х						0.	0.	0.	
(13) KEITH MANNING DVM	1.00			$\neg$			T				
DIRECTOR		X						0.	0.	0.	
(14) DOUG RAY	1.00										
DIRECTOR		X						0.	0.	0.	
(15) SALLY WOOD	1.00							_		×==	
DIRECTOR		X				1		0.	0.	0.	
(16) RAYMOND CUSHMORE	50.00							100 400	_	00 555	
VP OF FINANCE & ADMIN			_	X	_	_	-	173,478.	0.	28,557.	
(17) LESLIE GRANGER	50.00			x				152 067	0.	24,739.	
VP OF DEVELOPMENT				Y				153,967.		24,739.	

Par	t VII Section A. Officers, Directors, T	rustees, Key Em	plo	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	,		
	(A) (E			(C)					(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					ane	Reportable	Reportable	-	stima	
		hours per	box	, unle	ss pe	rson	ls bot	h an	7 M	compensation	ar	noun othe	
		week	-	1	T	T	T	1	from the	from related organizations	con		ation
		(list any hours for	Individual trustee or director							(W-2/1099-MISC)		rom t	
		related	B or d	196			safed		(W-2/1099-MISC)	1112/1000	1		ation
		organizations	rusta	l trus		2	mper		(1, 2, , 2, 3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		an	d rela	ated
		below	dual 1	L'Jone	_	Key employee	stco	5			org	aniza	tions
		line)	POPE	institutional trustee	Officer	Keye	Highest compensated employee	Form					
(18)	ROBIN BRENNEN	50.00	1										
1000	F-VETERINARY SERVICES		1		X				168,011.	0.		5,'	731.
-	STEVEN TEDDER	50.00		Т						262.00			
100	F MARKETING						X		156,955.	0.	1	3,	819.
-	SHEILA OLIVARES	50.00	T		T								
	CTOR SPECIAL PROJECTS						X	-	104,726.	0.	1	2,	484.
DIKE	CION SPECIAL INCOME		$\vdash$	$\vdash$				Г					
											ļ		
	4.44		-	$\vdash$		The same of the sa	-						
			1_	L				_					
***************************************			-	-	-	-		_					
	Sub-total		_		<u></u>		<b>—</b>	<u> </u>	1,022,936.	0.		1,	394.
ar	Total from continuation sheets to Par	t VII Section A		•••••			-		0.	0.			0.
C	Tatal (add lines th and to)								1,022,936.		11	1,	394.
2	Total number of individuals (including b	ut not limited to ti	iose	liste	ed a	bov	e) w	no r	received more than \$100	0,000 of reportable			_
-	compensation from the organization	<u> </u>										Yes	6 No
Separate Sep						- 1						100	3 140
3	Did the organization list any former office	er, director, or th	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on	3		X
	line 1a? If "Yes," complete Schedule J f	or such individual	. • %1							examinate a contratable of	3	-	+
4	For any individual fisted on line 1a, is the	sum of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization	4	X	
	and related organizations greater than	\$150,000? If "Yes,	, " CO	mpi	ere s	SCII	aun	-1-1	ted executive or indiv	idual for services			
5	Did any person listed on line 1a receive	or accrue compe	nsat	ion	rom	any	/ urii	eiai	ed organization of indiv	adda for softhood	5		X
	rendered to the organization? If "Yes," o	сотряете Эспециі	eJI	OF S	ucn	pera	SULL	*****					
-	tion B. Independent Contractors  Complete this table for your five highes	annonested in	dane	ende	ent c	ennti	racto	ors t	that received more than	\$100,000 of compens	sation	from	
1	the organization. Report compensation	for the calendar	oop.	endi	ina v	vith	or w	ithir	n the organization's tax	year.			
	(A)	TOT THE CHICAGO	-						(B)	1		C)	
	Name and busin	ess address	N	INC	E				Description of s	ervices (	Compe	nsat	ion
						, a a constant							
			موجر دن					_					
										re-comments.			
			-					$\dashv$					***************************************
										No.		-	<u> </u>
										and there			
2	Total number of independent contracto	rs (including but r	ot li	mite	d to	tho	se II O	stec	above) who received n	iore than			
	\$100,000 of compensation from the organic	anization 🏲		ALL DE STORE S							Form	990	(2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII X (B) (C) (D)
Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 140,070. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 5,131,180 Noncash contributions included in lines 1a-1f; \$ 7.544 h Total, Add lines 1a-1f 5,271,250 **Business Code** 2 a ANIMAL HOSPITALS 541900 Program Service Revenue 1,509,548. 258,891, 1,250,657. h MEMORIAL PARKS 541900 896,626. 896,626 c ADOPTION CENTERS 541900 118,773. 118,773. d BHVIOR, LEARNING, VOL 541900 18,961. 18,961 LOVING LEGACY 541900 5,500. 5,500 f All other program service revenue g Total. Add lines 2a-2f 2,549,408, Investment income (including dividends, interest, and other similar amounts) 521,705. 521,705. Income from investment of tax-exempt bond proceeds 4 Royalties 5 (f) Real 44.040, 6 a Gross rents 0. b Less: rental expenses 44,040. c Rental income or (loss) 44,040. 44,040. d Net rental income or (loss) fii) Other 7 a Gross amount from sales of ii) Securities 22,604,894. assets other than inventory b Less: cost or other basis and sales expenses 22,238,616. 366,278, c Gain or (loss) 366,278, 356,278. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 140,070. of including \$ contributions reported on line 1c). See 174,650. Part IV, line 18 b Less: direct expenses 82,141. 92,509. 92,509, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscelfaneous Revenue Business Code

20,000.

1,044,532.

12

b

11 a INSURANCE REIMBURSEMENT

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

20,000

20,000.

1,298,751,

8,865,190.

900099

-

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	plete all columns. All others to any question in thi	er organizations must co s Part IX		L
D0 7h	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
1,000	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			444 447	000 600
	trustees, and key employees	1,161,476.	485,497.	383,287.	292,692.
6	Compensation not included above, to disqualified	,		1	
181	persons (as defined under section 4958(f)(1)) and		1		
	persons described in section 4958(c)(3)(B)			2"	725 251
7	Other salaries and wages	3,593,238.	2,851,561.	273,103.	468,574.
8	Pension plan accruals and contributions (include				0.001
	section 401(k) and 403(b) employer contributions)	107,058.	92,679.	4,498.	9,881. 59,252.
9	Other employee benefits	529,379.	429,148.	40,979.	59,252.
10	Payroll taxes	449,800.	341,848.	49,478.	58,474.
11	Fees for services (non-employees):				
а	Management				16 530
b	Legal	82,840	23,548.	12,554.	46,738.
	Accounting	69,000.		69,000.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	116,334.		116,334.	
	Other. (If line 11g amount exceeds 10% of line 25,		son sons management		00 000
9	column (A) amount, list line 11g expenses on Sch O.)	410,390.	342,738.	38,919.	28,733.
12	Advertising and promotion			16.645	01 530
13	Office expenses	132,461.	97,884.	13,047.	21,530.
14	Information technology				
15	Royalties			10 = 60	25 000
16	Occupancy	388,522.	333,839.	18,763.	35,920.
17	Travel	30,484.	23,989.	2,606.	3,889.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				2 4/5
19	Conferences, conventions, and meetings	15,035.	4,227.	7,361.	3,447.
20	Interest				
21	Payments to affiliates				444 000
22	Depreciation, depletion, and amortization	630,370.	472,198.	46,184.	111,988.
23	Insurance	138,605.	118,330.	7,275.	13,000.
24	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.)				
•	MARKETING & PUBLICATION	905,604.	437,671.	66,320.	401,613.
b	MEDICAL SUPPLIES	448,432.	448,432.		
C	REPAIRS AND MAINTENANCE	297,851.	270,678.	9,958.	17,215.
d	PET SUPPLIES & PMP SUP	236,929.	236,476.	425.	28.
0.50	All other expenses	388,608.	205,755.	25,608.	157,245.
	Total functional expenses. Add lines 1 through 24e	10,132,416.	7,216,498.	1,185,699.	1,730,219.
25 26	Joint costs. Complete this line only if the organization				
20	reported in column (8) joint costs from a combined			and the second	
	educational campaign and fundraising solicitation.			Reconstruction	
	Check here in if following SOP 98-2 (ASC 958-720)				
	In policing dor, on a place of the	***************************************			Form 990 (2012)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 134,181. 187,066. 1 Cash - non-interest-bearing 952,567. 23,237. 763,307. 2 Savings and temporary cash investments 612,931. 3 3 Pledges and grants receivable, net 45,841. 22,212. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 7 Notes and loans receivable, net 7 129,560. 128,363. 8 Inventories for sale or use 103,144. 85,042. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 17,739,050. 10a basis, Complete Part VI of Schedule D 9,275,873. 8,678,540. 8,463,177. 10c b Less: accumulated depreciation 10b 17,366,214. 18,192,872. 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 661,710. 29,279,158. 593,959. 15 Other assets, See Part IV, line 11 15 27,864,765. 734,322. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 819,043. 17 Accounts payable and accrued expenses 17 18 ..... 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 34,609. 9,470. Schedule D ... 768,931. 828,513. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 💌 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 17,042,072. 18,580,699. Unrestricted net assets 144,452. 144,975. 28 Temporarily restricted net assets 9,909,310. 9,724,971. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Pald-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 27,095,834. 28,450,645. 33 Total net assets or fund balances 27,864,765. 29,279,158. Total liabilities and net assets/fund balances \_\_\_\_\_ Form 990 (2012)

	m 990 (2012) BIDEAWEE, INC.	13-16	555210	Pag	e 12
Pa	art XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI				X
				1000	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,869 10,13	5,19	90.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,13	2,4:	16.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,26	7,22	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,450	),64	45.
5	Net unrealized gains (losses) on investments	5	-13	,83	34.
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	-67	7,75	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				KAMPINA
	column (B))	10	27,095	,83	34.
Pa	rt XII Financial Statements and Reporting	***************************************			and the same
	Check if Schedule O contains a response to any question 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		$\neg$	
	consolidated basis, or both:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	리카를 하지않고 보면하다 하고 하고 있다.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		-	
	Act and OMB Circular A-133?		3a	BB dis au	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form 9	90 (20	)12)

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

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

Name of the organization

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. ➤ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

			EE, INC.							13-1655	5210	)
Part I	Reason	for Public Cha	rity Status (All organ	izations m	ust compl	ete this pa	rt.) See in:	structions.			180000000000000000000000000000000000000	
The orga	nization is not	a private foundation	because it is: (For lines	1 through	n 11, check	only one	box.)					
1	A church, co	onvention of church	es, or association of chu	irches des	cribed in s	ection 17	O(b)(1)(A)(	i).				
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and sta	te:										
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 176	0(b)(1)(A)(iv). (Comp	lete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
201700-12	section 170	(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🗀	A communit	y trust described in	section 170(b)(1)(A)(vi).	(Complet	e Part II.)							
9 X	An organizat	ion that normally red	ceives: (1) more than 33	1/3% of it	ts support	from cont	ributions, i	membersh	ip fees,	and gross re	ceipts	from
	activities rela	ated to its exempt fu	inctions - subject to cert	ain excep	tions, and	(2) no mor	e than 33	1/3% of it	s suppor	t from gross	inves	tment
	income and	unrelated business t	taxable income (less sec	ction 511 t	ax) from be	usinesses	acquired I	by the org	anization	after June 3	30, 19	75.
	See section	509(a)(2). (Complet	e Part III.)									
10	•		perated exclusively to te									
11			perated exclusively for t									or
			ations described in sect				2). See <b>se</b>	ction 509	(a)(3). Ch	neck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comp									
	a Type				unctionally					n-functional	9.00	-
ę			at the organization is no									
			than one or more public						9(a)(1) or	Section 508	f(a)(z).	
f	Seed Supplemental Company of the Com		tten determination from									
1222		rganization, check ti	his box organization accepted a								****	
g			irectly controls, either a							,	Yes	No
			upported organization?								,,,,	1.0
			n described in (i) above?									
			person described in (i)									
h			about the supported or							1.5117		1
11	T TOVIGO THO I	ono wing information	about the supported of	garranaria	1,071							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	n col. (i) li	organization Isted in your document?	organizat	u notify the ion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the	(vii) Amount supp		netary
			(see instructions))		No	Yes	No	Yes	No			
				Yes	140	103	140	163	140			**************
***************************************				1	<b> </b>							******
90 A - 1 COMP - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.40.112.222.22.22.2											***************************************
NACCO DE LA CONTRACTOR				1							************	
-												
			1965 (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965) (1965)									
Total										-		
LHA For Pa	aperwork Red	luction Act Notice,	see the instructions for	or				Schedule	A (Forr	n 990 or 990	)-EZ)	2012

Form 990 or 990 EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I	or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Par	t (H.)

Se	ction A. Public Support					·	-
Cal	endar year (or fiscal year beginning in) 🛌	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		-Call (1997 - 199	and an artist of the second of			
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Market Wall			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total, Add lines 1 through 3		ļ				
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						1
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					<del> </del>	
	Public support, Subtract line 5 from line 4.						1
-	ction B. Total Support		451,0000	(n) 2010	(d) 2011	(e) 2012	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 200B	(b) 2009	(c) 2010	10/2011	, jejzore	177000
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other Income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)  Total support, Add lines 7 through 10	***************************************					
11	Gross receipts from related activities,	etc. (see instructi	ions)			12	
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
13	organization, check this box and stop	here					<u>▶</u>
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2012 (lin	ne 6, column (f) d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14	**************************************		15	%
16a	33 1/3% support test - 2012. If the or	ganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	-t Last The examination qualifies a	e a nublicky supr	orted organization				
b	33 1/3% support test - 2011. If the or	ganization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/39	6 or more, check t	nis box
	and stop here. The omanization qualif	ies as a publiciv	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fact	s and-circumstan	ices" test, check th	his box and stop h	iere. Explain in Pa	nt IV now the organ	nization
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	a "facts-and-circu	ımstances" test, ch	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circu	umstances" test.	The organization of	qualifies as a publi	cly supported org	anization	
18	Private foundation. If the organization	did not check a	box on line 13, 16a	a, 16b, 17a, or 17l	o, check this box a	and see instruction	S P
					Sche	edule A (Form 990	OI 990-EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (e) 2012 (d) 2011 Calendar year (or fiscal year beginning in) (b) 2009 (c) 2010 (a) 2008 1 Giffs, grants, contributions, and membership fees received. (Do not 5271250.33636717. 6778811. 7769669. 8870085. 4946902. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1291221. 1298751. 8752405. 2403586. 1252481. 2506366. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6570001,42389122. 7453268.11273671. 9022150. 8070032. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that 0. exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 42389122. 8 Public support (Subtraction 4 7s from line 5) Section B. Total Support (e) 2012 (f) Total (c) 2010 (d) 2011 (h) 2009 Calendar year (or fiscal year beginning in) (a) 2008 6570001.42389122. 9022150 8070032. 11273671 7453268. 9 Amounts from line 6 ..... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2302014. 565,745. 593.844. 382,982. 429,568. 329,875. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 3595526. 1250657. 1217174. 1127695. acquired after June 30, 1975 5897540. 1811018. 1816402. 1510677. 329,875. 429,568. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 7882836.11603546.10532827. 9881050. 8386403.48286662. assets (Explain in Part IV.) -----13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 87.79 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) % 15 90.55 % 16 16 Public support percentage from 2011 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 12.21 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f) 9.45 % 18 Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ...

#### SCHEDULE D (Form 990)

**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. See separate instructions.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

BIDEAWEE INC.

Employer identification number 13-1655210

	BIDEAWEE, INC.	counts Complete if the
Par	BIDEAWEE, INC.  Torganizations Maintaining Donor Advised Funds or Other Similar Funds or A	COURT 13 Complete it the
	organization answered "Yes" to Form 990, Part IV, line 6.	b) Funds and other accounts
	(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	A presente value at and of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds — — — —
	the examination'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 to	этну
•	the banefit of the depart of donor advisor, or for any other purpose come	ring
	Issasmissible advete hangit?	accommendation to the second
Par	til Conservation Easements. Complete if the organization answered Tes to Folia des, Factory	tine 7.
1	Diverges (a) of appropriation eggeneats held by the organization (check all that apply).	
•	Preservation of land for public use (e.g. recreation or education)	ly important land area
	Preservation of natural habitat  Preservation of a certified hi	storic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
-	day of the tax year.	A CONTRACTOR OF THE CONTRACTOR
	44) of the same /	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
	the box of concentation assements 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	
u		2d
3	listed in the National Hegister  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
•	was to	
4	Number of otates where property subject to conservation easement is located	
5	Does the progration have a written policy regarding the periodic monitoring, inspection, narraing or	Yes No
	the conservation easements it holds?	
6	and entorcing conservation easements during inspecting, and entorcing conservation easements during	and your p
7	A second of expenses incurred in application, inspecting, and enforcing conservation easements during the pro-	Jul P 0
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(i)(4)(i)	
100		
9	. Line state concentration essements in its revenue and expense state	mont, and believed or loos, and
	In Part XIII, describe how the organization reports conservation observation of the footnote to the organization of financial statements that describes the orinclude, if applicable, the text of the footnote to the organization's financial statements that describes the orinclude,	ganization's accounting to
Pai	d III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Cirrial Piootics
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	and halance sheet works of art.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nublic service provide in Part XIII.
	historical treasures, or other similar assets held for public exhibition, education, or research in further and o	public service, provise, in
b	the text of the footnote to its financial statements that describes these terms.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and it	palar provide the following amounts
	If the organization elected, as permitted under SFAS 116 (ASO 300), to repetit the infurtherance of public set treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set.	avice, provide the following and and
	rolating to these items:	
	61 Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	L. J. J. J. France COO. Bort V	
2	If the organization received or held works of art, historical treasures, or other similar assets for infancial gain	, provide
а	Revenues included in Form 990, Part VIII, line 1	
b	Revenues included in Form 990, Part VIII, line 1  Assets included in Form 990, Part X	

-		EE, INC.				655210			
Pa	art III Organizations Maintaining (	Collections of Ar	t, Historical Tr	easures, or Ot	her Similar As	sets(contin	ued)		
3		ion, and other record	s, check any of the	following that are a	significant use of	its collection	items		
	(check all that apply):								
E	Public exhibition d Loan or exchange programs								
E	b Scholarly research e Other								
•	Preservation for future generations								
4	Provide a description of the organization's of	offections and explain	how they further t	he organization's e	kempt purpose in F	art XIII.			
5									
Y	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
<b>1</b> a	Is the organization an agent, trustee, custod				A TO STORY OF THE PARTY OF THE PARTY.				
	on Form 990, Part X?								
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:								
						Amount			
	Beginning balance								
	Additions during the year								
e					A Maria Company of the Company of th				
f	Ending balance						T No.		
	2a Did the organization include an amount on Form 990, Part X, line 21?  Yes No								
Section Section 1	b If "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
T a	(a) Current year (b) Prior year (c) Two years back (d) Three years back								
4-	Desirales of user balance	9,060,261.	8,914,514.	8,763,620.			591,795.		
1a		250,090.	145,747.		<del> </del>		75,115.		
250	o Contribution								
	c Net investment earnings, gains, and losses 476,409. 687,125. 166,081. 239,323. d Grants or scholarships								
	make the second								
0		476,409,	687,125,	166,081.	239,323				
	and programs	1,0,10,0	V-7, 20-1			-	***		
	Administrative expenses	9,310,351.	9,060,261.	8,914,514.	8,763,620	8.	566,910.		
g	End of year balance Provide the estimated percentage of the curr			****		1			
2	Board designated or quasi-endowment		fille 19, column (a	)) Held as.					
a b		%	,70						
1000	Temporarily restricted endowment	%							
C	The percentages in lines 2a, 2b, and 2c shou								
32	Are there endowment funds not in the posses		ion that are held ar	nd administered for	the organization				
Vu	by:	obioi, or the organization				Y	es No		
	741					3a(i)	X		
	(ii) related organizations						X		
h	If "Yes" to 3a(ii), are the related organizations								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
Succession	Description of property	(a) Cost or oth	er (b) Cost		ccumulated preciation	(d) Book	/alue		
12	Land	<u> </u>		5,080.		126	,080.		
	Buildings		16,22		498,909.	7,724			
	Leasehold improvements				776,964.		,294.		
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must eq		column (B), line 10	(c).)		8,463	,177.		
- July						~~~			

(10)

200	dule D (Form 990) 2012 BIDEAWEE, INC.	13-	1655210	Page 4
Sche	dule D (Form 990) 2012 BIDEAWEE, INC.  TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per F		1	
	Total revenue, gains, and other support per audited financial statements	1	8,855	,460.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
2				
	Net unrealized gains on investments	1		
	Donated services and use of facilities	1		
C	Recoveries of prior year grants			
ď	Other (Describe #1 Part Air.)	2e	106	,604.
e	Add lines 2a through 2d	3	8,748	
3	Subtract line 2e from line 1	-		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on contrary, and the	1		
b	Other (Describe in Part XIII.)		116	,334.
c	Add lines 4a and 4b	4c	8,865	
_5_	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dotu	A THE PARTY OF THE	, 1300
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	neu	10,210	271
1	Total expenses and losses per audited financial statements	1	10,210	1212.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 106,604.	4		
b	Prior year adjustments 2b	4		
c	Other leaner			
	Other (Describe in Part XIII.)  2d 87,585.	1		400
-	Add lines 2a through 2d	2e		<u>,189.</u>
3	Subtract line 2e from line 1	3	10,016	,082.
- 5	Amounts included on Form 999. Part IX line 25, but not on line 1:			
4	Investment expenses not included on Form 990, Part VIII, line 7b			
а	Other (Describe in Part XIII.)		- de	
		40		,334.
1999	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,132	,416.
5	Total expenses. Add lines 3 and 4c. (This thus equal total ood, that it is to your formation)			
Pai	rt XIII   Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, fines	b and	2b; Part V, line	4; Part
Com	plete this part to provide the descriptions required for Part II, thes 3, 5, and 5, 7 art III, III of the any additional information	tion.		
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa RT X, LINE 2: BIDEAWEE HAS NO UNCERTAIN TAX POSITIONS AS C	FT	HE YEAR	
PAL	RY X, LINE 2: BIDEAWEE HAS NO CHODRESTED TO THE TOTAL OF THE STATE OF			
	DED SEPTEMBER 30, 2013 AND 2012 IN ACCORDANCE WITH ACCOUNT	ING	STANDA	RDS
ENI	DED SEPTEMBER 30, 2013 AND 2012 IN ACCOMPANCE WITH INCOMP			
	DIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR	ES	TABLISH	ING
COI	DIFICATION ("ASC") TOPIC 740, WHICH PROVIDES STANDARDS FOR			
	DOULGTONG FOR INCEPTAIN TAY POSITIO	NS.	BIDEAW	EE
ANI	CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITION			
	THE TAXABLE PARTY AND LOCAL TROOME OF	XE	TANTNAT	TONS
IS	NO LONGER SUBJECT TO FEDERAL OR STATE AND LOCAL INCOME TO	121 11	ZITIET LIVITA	10110
	7 THE PEROPE 2010			
BY	TAX AUTHORITIES FOR YEARS ENDED BEFORE 2010.			
-				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:	0.4	L. L. P. IF	000) 4646

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 BIDEAWEE, INC.  Part XIII Supplemental Information (continued)	13-1655210 Page 5
Part XIII Supplemental Information (continued)	
UNREALIZED LOSSES ON INVESTMENTS	19,834.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN SPLIT INTEREST	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN BELLT INTEREST	
AGREEMENT	67,751.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	87,585.
	Accessed to the first to the control of a co

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public Inspection

Department of the Tressury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Employer identification number

BIDEAWE	E, INC.			13-1655	210
	Complete if the organization an	swered "Yes"	to Form 990, Part IV,	line 17. Form 990 EZ	filers are not
Indicate whether the organization rais  Mail solicitations Internet and email solicitations  In-person solicitations  In-person solicitations  Did the organization have a written of key employees listed in Form 990, P  If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solid  f Solid  g Special  or oral agreement with any individual  art VII) or entity in connection with viduals or entities (fundralsers) p	citation of nor citation of gov cial fundraisir lual (including th professions	n-government grants rernment grants ig events i officers, directors, tru al fundraising services	istees or 7 <b>Ye</b> s	
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(iii) Did- fundraiser have custor or control ( contribution	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes N	0		
***************************************					
and the state of t					
		Þ			
List all states in which the organizatio or licensing.	n is registered or licensed to soli		ns or has been notified	d it is exempt from re	egistration
Of flooring.					
			CONTRACTOR OF THE PROPERTY OF		
			w		
					•••
***					

		le G (Form 990 or 990-EZ) 2012 BIDEAWE	EE, INC.			1655210 Page 2
Pa	art	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered ross income on Form 990	d "Yes" to Form 990, Pai 0-FZ. lines 1 and 6b. List	rt IV, line 18, or reported events with gross recei	ots greater than \$5,000.
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GALA 2012		1	(add col. (a) through col. (c))
_			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	314,720.			314,720.
ш	2	Less: Contributions	140,070.			140,070.
	3	Gross income (line 1 minus line 2)	174,650.			174,650.
	3	Cross income gine i minde wie z.				
	4	Cash prizes				
un.	5	Noncash prizes				
euse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	66,246.			66,246.
Dir		F-tu deimes sub	15,895.			15,895.
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			82,141 <sub>3</sub> 92,509.
	11	Net income cummers. Combine line 3 colum	in (d) and line 10			92,509.
P	rt I	Gaming. Complete if the organization	answered "Yes" to Form	1990, Part IV, line 19, or	reported more triair	
-	_	\$15,000 on Form 990 EZ, line 6a.	T	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
J.Ce			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>ar</u>	1	Gross revenue				
rn.	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ect Ex	4	Rent/facility costs				
ā	7					
-	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	•					Manual Association of the Control of
	8	Net gaming income summary, Combine line	, column d, and line /			
0	Enf	ter the state(s) in which the organization opera	tes gaming activities:			
э	lst	the organization licensed to operate gaming ac	ctivities in each of these	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses of			year?	Yes No
D	п "	Yes," explain:				And the second s
23201	32 01	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Sch	nedule G Form 990 or 990-EZ) 2012 BIDEAWEE, INC.	13-1	655210	Page 3
11	Does the organization operate gaming activities with nonmembers?	and the second s	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
12	to administer charitable gaming?		Yes	☐ No
40	Indicate the percentage of gaming activity operated in:			
	The organization's facility		13a	%
				%
4.4	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:	Livia	
14	Enter the hante and address of the person who prepares the organizations a gamming special events books and room			
	Name >			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization - \$	ount		
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name 🕨			
	Address >			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation > \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year > \$	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Pai	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colu	ımns (iii) :	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inf	ormation	(see instruc	tions).
<del></del>	A STATE OF THE STA			
		man and a second		
or per out the s				

#### SCHEDULE J (Form 990)

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Employer identification number

13-1655210

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BIDEAWEE, INC.

**Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 16 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X 6a a The organization? X Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? Schedule J (Form 990) 2012 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(b)(a)	reported as deferred in prior Form 990
TAYLOR	233,29	32,500.	0.	9.	26,064.	291,863.	
IDENT/CEO	1	0.	0	0	0	0	
(2) RAYMOND CUSHMORE	156,67	16,800.	0	0	28,557.	202,035.	0
OF FINANCE & ADMIN		0	0.	0	0.	0	
(3) DESLIE GRANGER	144,367.	9,600.	0	0	24,739.	178.706.	
F DEVELOPMENT		0.	0	0	0	0	
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Schedule J (Form 990) 2012

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#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Name of the organization

BIDEAWEE, INC.

Employer identification number 13-1655210

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BIDEAWEE PROVIDES AN ARRAY OF PROGRAMS AND SERVICES THAT INCLUDE
TEMPORARY SHELTER TO HOMELESS CATS AND DOGS; ANIMAL ADOPTION SERVICES
TO PEOPLE AND FAMILIES WHO WISH TO ADOPT HOMELESS CATS AND DOGS;
VETERINARY MEDICAL SERVICES THROUGH ITS ANIMAL HOSPITALS; LONG-TERM
CARE TO PETS WHOSE OWNERS ARE NO LONGER ABLE TO TAKE CARE OF THEIR
PETS; PET MEMORIAL AND CREMATION SERVICES TO PET OWNERS; AND
EDUCATIONAL AND VOLUNTEER OPPORTUNITIES (INCLUDING PET-ASSISTED
THERAPY) TO THE COMMUNITIES IT SERVES THROUGH ITS THREE LOCATIONS IN
MANHATTAN, WANTAGH AND WESTHAMPTON.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BEHAVIOR, LEARNING, AND VOLUNTEERS PROVIDE FOR THE TRAINING OF ANIMALS,
PET THERAPY PROGRAMS, AND OTHER VOLUNTEER SERVICES.
EXPENSES \$ 432,203. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,961.
EXPENSES \$ 452,203. INCHODING GRANTO OF \$ 0. III.
THE THE THE THE TOP THE CARE OF ANIMALS LEFT BY OWNERS
LOVING LEGACY PROGRAM PROVIDES FOR THE CARE OF ANIMALS LEFT BY OWNERS
DUE TO SICKNESS OR DISEASE.
EXPENSES \$ 152,386. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,500.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY SENIOR
MANAGEMENT AND THE AUDIT COMMITTEE. THE AUDIT COMMITTEE IS RESPONSIBLE FOR
MAKING A RECOMMENDATION TO THE BOARD ON BOTH THE AUDITED FINANCIAL
STATEMENTS AND THE FORM 990. AFTER THE AUDIT COMMITTEE REVIEWS THE
FINANCIAL STATEMENTS AND THE FORM 990, THE FORM 990 IS PROVIDED TO THE
BOARD MEMBERS WHO VOTE TO ACCEPT THE AUDIT COMMITTEE'S RECOMMENDATION AFTER
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

BIDEAWEE, INC.

Employer identification number 13-1655210

REVIEWING THE FORM 990 THEMSELVES.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY YEAR BIDEAWEE COMPILES A
LIST OF VENDORS WHO HAVE DONE BUSINESS WITH BIDEAWEE OVER THE PAST 12
MONTHS. BOARD MEMBERS AND SENIOR MANAGEMENT ARE REQUIRED TO REVIEW THE LIST
ANNUALLY AND SIGN OFF THAT THEY DO NOT HAVE ANY TIES THAT WOULD CREATE A
CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE TEAM'S COMPENSATION

IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE BY COMPARING THEIR

COMPENSATION AGAINST THIRD PARTY BENCHMARKS FOR SIMILIAR SIZED NON-PROFIT

ORGANIZATIONS. COMPENSATION FOR KEY EMPLOYEES BELOW THE EXECUTIVE TEAM IS

REVIEWED REGULARLY BY THE CEO AND THE VP IN CHARGE OF EACH DEPARTMENT BASED

ON SURVEYS DONE BY HUMAN RESOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 2A

DETERMINATION OF RELATED AND UNRELATED VETERINARY REVENUE:

THE AMOUNTS REPORTED ON THIS RETURN ARE BASED ON MANAGEMENT'S ESTIMATE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization BIDEAWEE, INC.	Employer identification number 13-1655210
CHANGE IN VALUE OF BENEFICAL INTEREST IN SPLIT INTEREST	
AGREEMENTS	-67,751.
FORM 990, PART XII, LINE 2C:	
PROCESS OF OVERSEEING THE AUDIT AND SELECTION OF INDEPEND	DENT ACCOUNTANT:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	-

### Form **8868**

(Rev. January 2013) Department of the Tressury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

	71,100.00	parate ap	photolitica to confection.			
	are filing for an Automatic 3-Month Extension, compl					► X
	re filing for an Additional (Not Automatic) 3-Month E					
	implete Part II unless you have already been granted					
	c filing <sub>(e-fi/e)</sub> . You can electronically file Form 8868 if					
	o file Form 990-T), or an additional (not automatic) 3-m					
	file any of the forms listed in Part I or Part II with the ex					
Personal	Benefit Contracts, which must be sent to the IRS in pa	per forma	t (see instructions). For more details	on the e	electronic filing of th	is form,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofit Automatic 3-Month Extension of Tim		submit original (no copies ne	oded)		<del></del>
	tion required to file Form 990-1 and requesting an auto				te .	
Part I only						<b>▶</b> □
	orporations (including 1120-C filers), partnerships, REN me tax returns.	AICs, and	trusts must use Form 7004 to reque	st an ext	ension of time	
Type or	Name of exempt organization or other filer, see instru	uctions.		Employ	er Identification nu	mber (EIN) o
print	BIDEAWEE, INC.				13-16552	210
File by the cue date for	Number, street, and room or suite no. If a P.O. box, s	see instruc	ctions.	Social	security number (S	
filing your return. See Instructions.  410 EAST 38TH STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
mstructions.	NEW YORK, NY 10016	oreign add	dress, see instructions.			
Enter the F	leturn code for the return that this application is for (file	e a senara	ete application for each return)			011
	oracli code for alle retain a de l'ille application le foi (ille	o a sopare	approactor for each retering			<u>v</u> [=]
Applicatio	n	Return	Application			Return
					Code	
	- · · · · · · · · · · · · · · · · · · ·	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A			08
ATTENDED TO STATE OF THE PARTY	(individual)	03	Form 4720			09
orm 990-F		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11_
-om 990-1	ftrust other than above)  RAYMOND CUSHMON	06	Form 8870			12
Thobas	ks are in the care of > 3300 BELTAGH AV		- WANTACH NV 1170	93		
	ne No. ► 516-785-4687	ENOE	FAX No. >	7.5	M 14 CONTROL OF THE C	The state of the s
	nanization does not have an office or place of business	in the lin	Description of the last of the			
If this is	or a Group Return, enter the organization's four digit (	Sroup Exe	motion Number (GFN)	this is fo	or the whole group	chack thic
юх ▶ □	. If it is for part of the group, check this box					
meritanis permentiferante	est an automatic 3-month (6 months for a corporation				DOVE THE OXIGNICION	10 101.
			ion return for the organization name		. The extension	
is for	he organization's return for:					
<b>&gt;</b>	calendar year or					
X	tax year beginning OCT 1, 2012	, and	ending SEP 30, 2013		*	
2 If the t	ax year entered in line 1 is for less than 12 months, ch	eck reaso	n: Initial return I F	inal retu	m	
1,	Change in accounting period					
	application is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, en	ter the tentative tax, less any	T		_
-	undable credits. See instructions.			3a	\$	0.
	application is for Form 990-PF, 990-T, 4720, or 6069, e	76				۸
-	ted tax payments made. Include any prior year overpa			3b	\$	0.
	e due. Subtract line 3b from line 3a, Include your paying EFTPS (Electronic Federal Tax Payment System), Se		10	3c	s	0.
	ou are going to make an electronic fund withdrawal wit				FO for payment inc	ALEXANDER OF THE PARTY OF THE P
	Privacy Act and Paperwork Reduction Act Notice, s			5015.	Form 8868 (R	
	· · · · · · · · · · · · · · · · · · ·		\$20,000 contract 170		· # (1.	

#### Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

File a separate application for each return.

• If you	are filing for an Automatic 3-Month Extension, compl	ete only F	Part I and check this box			- 🗆	
	are filing for an Additional (Not Automatic) 3-Month E						
	omplete Part II unless you have already been granted i <b>c filing</b> (e-file) . You can electronically file Form 8868 if						
required	to file Form 990-T), or an additional (not automatic) 3-m	onth exter	e a 3-month automatic extension of the	me to III file Corr	e (6 months for a con	oration	
of time to	of file any of the forms listed in Part I or Part II with the ex	voention o	of Form 8870 Information Deturn for	Transfer	ra Associated With C	extension	
	Benefit Contracts, which must be sent to the IRS in pa						
visit www	v.irs.gov/efile and click on e-file for Charities & Nonprofit	je her mura	t (see insubctions). For more details	OH THE E	Hectronic flung of this	rorm,	
Part I			submit original (no copies ne	eded			
A corpora	ation required to file Form 990-T and requesting an auto	matic 6-m	onth extension - check this box and	comple	te		
Part I only						X	
All other o	corporations (including 1120-C filers), partnerships, REN orne tax returns.	AICs, and	trusts must use Form 7004 to reques	st an ext	ension of time		
Type or	Name of exempt organization or other filer, see instru	uctions.		Employ	er identification num	ber (EIN) or	
print	BIDEAWEE, INC.				1316552	n	
File by the due date for	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)						
return. See	filing your return. See 410 EAST 38TH STREET						
instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10016							
Enter the I	Return code for the return that this application is for (file	a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •	***************************************	0 7	
Application	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Form 990-BL         02         Form 1041-A         08           Form 4720 (Individual)         03         Form 4720         09							
Form 990-1		03	Form 4720			09	
	T (sec. 401(a) or 408(a) trust)	04 05	Form 5227		***************************************	10	
Annual Company of the	T (trust other than above)	06	Form 8870			11	
1011110001	RAYMOND CUSHMOR		Foili 6670			12	
<ul> <li>The boo</li> </ul>	oks are in the care of > 3300 BELTAGH AV		- WANTAGH, NY 1179	3			
	ne No. ► 516-785-4687	V	FAX No. >				
If the org	ganization does not have an office or place of business	in the Un	ited States, check this box		<b>&gt;</b>		
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four digit 6	roup Exe	mption Number (GEN), If	this is fo	or the whole group, cl	eck this	
box 🔊 🔽	. If it is for part of the group, check this box				pers the extension is	for,	
	uest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 to file the exempt		o file Form 990-T) extension of time L ion return for the organization named		The extension		
is for	the organization's return for:			(E)			
<b>&gt;</b>	calendar year or						
► X	tax year beginning OCT 1, 2012	, and	ending SEP 30, 2013		<u> </u>		
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3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, ent	ter the tentative tax, less any	T			
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	application is for Form 990-PF, 990-T, 4720, or 6069, et						
W-665	ated tax payments made, Include any prior year overpa	A	1 · · · · · · · · · · · · · · · · · · ·	3b	\$	0.	
	ce due. Subtract line 3b from line 3a. Include your paying EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.	
	ou are going to make an electronic fund withdrawal wit			resolution management		CONTRACTOR OF TRACTOR OF THE PARTY OF THE PA	

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.