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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

432001 11-07-14

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

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

Open to Public Inspection

	1 01 11	e 2014 defined year, or tax year beginning OCI I, 2014 and	criding E	<u> </u>				
В	Check if applicat	C Name of organization		D Employer identifi	cation number			
	Addr	ge   BIDEAWEE, INC.	(III) ough Story					
	Name chan	Doing business as		13-1	655210			
	Initial returr	100	Room/suite					
Г	Final	A10 EXCM 39MU CMDEEM		866-262-8133				
	termi			G Gross receipts \$	15,328,583.			
	Amer	ded NEW YORK NY 10016		H(a) Is this a group re				
	Appli				? Yes X No			
	pend			H(b) Are all subordinates in				
1	Tayay	empt status:	or 527	1				
		te: WWW.BIDEAWEE.ORG	01 321	T	list. (see instructions)			
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: NY			
	art I	Summary	L Year	oriorination. 1909	M State of legal doffliche. IN I			
	_	Briefly describe the organization's mission or most significant activities: TO C	TTT.TTT.77	חד אאה פווסס				
Activities & Governance	1	LIFELONG RELATIONSHIPS BETWEEN PETS AND	THE DE	ODIE WHO IO	VE THEM			
าลท			Mental Text Vi					
ver	2	Check this box if the organization discontinued its operations or dispo		1 3	ssets.			
Ĝ	3			3	16			
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			136			
ties	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			697			
tivi	6	Total number of volunteers (estimate if necessary)		6				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			1,520,865.			
_	b	Net unrelated business taxable income from Form 990-T, line 34			-437,667.			
	_		-	Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		6,130,743.	5,269,024.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,568,884.	2,847,203.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		505,760.	490,825.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		213,238.	343,865.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,418,625.	8,950,917.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,178,665.	6,252,046.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
X	b	Total fundraising expenses (Part IX, column (D), line 25)   1,538,4	48.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,070,545.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,249,210.				
	100000	Revenue less expenses. Subtract line 18 from line 12		-830,585.	-1,267,107.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		27,466,878.	25,606,097.			
tAS IdB	21	Total liabilities (Part X, line 26)		685,824.	773,235.			
		Net assets or fund balances. Subtract line 21 from line 20		26,781,054.	24,832,862.			
Pa	art II	Signature Block						
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		CEIENT COLT						
Sig	n .	Signature of officer		Date				
Her	e	RAY CUSHMORE, COO AND VP OF FINANCE AND	DMIN					
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date / Check	PTIN			
Paid	i	ROBERT R. LYONS, CPA		3/26/16 self-employed P00227472				
Pre	parer	Firm's name MARKS PANETH LLP		/ Firm's EIN ▶ 13-1655210				
Use	Only	Firm's address 685 THIRD AVENUE						
		NEW YORK, NY 10017		Phone no.21	2-503-8800			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

**Product: Exempt** 

Name: bideawee, INC.

Category:

IRS Center: Ogden

e-Postmark: 3/23/2016 3:18:55 PM

**Notification:** 

Fiscal Year

**FEIN:** \*\*\*\*5210

Fiscal Year

eSigned:

**Begin Date:** 10/1/2014

**End Date:** 9/30/2015

Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
3/23/2016	Upload Started				
3/23/2016	Ready to Release by Customer				
3/23/2016	Released for Transmission - Validation in Progress			SRODRIGUEZ	
3/23/2016	Ready to transmit - Validation Complete				
3/23/2016	Transmitted to FD	26298220160830348e05			
3/23/2016	Transmitted to NY	26298220160830325f00			
3/23/2016	Accepted by FD on 3/23/2016				
3/24/2016	Accepted by NY - on 3/24/2016				

4d Other program services (Describe in Schedule O.)

615,439 • including grants of \$

15,128. ) (Revenue \$

Total program service expenses ▶ 4e

7,616,106.

Form 990 (2014) BIDEAWEE, INC.
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		20000	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	_X_
020	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
12.0	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
2000	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
et et	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
CYOS4	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) BIDEAWEE, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
•	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		Х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 22
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
7.00 FM	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
1201201	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
04	200 St 20	34		X
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		0.500
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		200004	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders 11a 11b 11b 11b 11b 11b 11b 11b 11b 11b	Pa		Statements Regarding Other IRS Filings and Tax Compliance					
18 Enter the number reported in Box 3 of Form 1096, Enter -01 find applicable   1a   22   1b   0   0   0   1c   1c   1c   1c   1c			Check if Schedule O contains a response or note to any line in this Part V					Ш
b Enter the number of Forms W2G included in line 1a. Enter o' If not applicable   D	4			Ι.	l ววไ		Yes	No
Different to formation coming with backup withholding rules for reportable payments to vendors and reportable gaming (againstain comply) with backup withholding rules for reportable payments to vendors and reportable gaming (againstain filed for the calendar year ending with or within the year covered by this return  2	1a							
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions)  A Value of the corporation in the 2 is did the organization file all required federal employment tax returne?  A Value of the corporation of the 2 is did the organization file all required federal employment tax returne?  A Value of the organization have unrelated business gross income of \$1,000 or more during the year?  A Value of the corporation of the value of the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts?  A Value of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is of filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR).  See Instructions for filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR).  See Instructions for filing requirements for FinCEN Form 1114, Report of Foreign Bank and Financial Accounts (FBAR).  See Instructions for the organization that it was or is a party to a prohibited tax shelter transaction?  See In Y'ves, 'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any contributions that the organization tax deductible acharitable contributions?  For See In Y'ves,' did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible in tax deductible acharitable contributions?  For Organizations that may receive deductible contributions under section 170(c).  Did the organization that may receive the ac	D							
2a	C					10		
field for the calendary year ending with or within the year covered by this return    1	22			Ι	 	10		
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business pross income of \$1.000 or more during the year?  3a X  b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; yes a bank account, securities account, or other financial account; FBAR).  5b If "Yes," enter the name of the foreign country; yes been instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to line 5a or 5b, did the organization file Form 88861?  6c If "Yes," to line 5a or 5b, did the organization file Form 88861?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6d If the organization sthat many receive deductible contributions under section 170(c).  7d If "Yes," include the number of Forms 8282 filed during the year  8d If "Yes," include the number of Forms 8282 filed during the year  9d Did the organization received a contribution of qualified intellectual property, did the organization file a				22	136			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a IV the organization have unrelated business gross norm of \$1,000 or more during the year?  4a I arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the financial account in a toreing country (such as a bank account, a country or other financial account); and financial account in a toreing country is when as a bank account, account, or other financial account; a far and in a second in a foreign country is when as a bank account, account, a country series of enistructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; €55 IV SUBJECT (11 to 18 ard 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b Was the organization aparty to a prohibited tax shelter transaction?  5c If "Yes," on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," on the sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," on the sar of 5b, did the organization include with every solicitation and party to goods and services provided to the payor?  5c Organizations that may receive deductible as charable contributions under section 170(c).  5c If the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  5c If the organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292?  5c If the organization receive a contribution of qualified intellectual property is which it was required to file Form 8292 as required?  5d If Yes, "Indicate the number of Forms 8292 filed during the year?  5d P	b					2h	Х	2000
3a bit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filed a Form 990T for this year? If "No," to live 3b, provide an explanation in Schedule O  4b A tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5c If "Yes," and there the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If "Yes," to lifting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization by a prohibited tax shelter transaction?  5c Was the organization have the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Se or 5b, did the organization line Form 8886-17  6c If "Yes," to line Se or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If "Yes," to line Se or 5b, did the organization include with every solicitation an express statement that such contributions or gifts any contributions that were not tax deductible as charitable contributions?  6c If "Yes," to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c If year, and the organization shell that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization nectly the donor of the value of the goods or services provided?  7a If If yes, "did the organization nectly the donor of the value of the goods or services provided?  7b If the organization received a contribution of undersective, to pay premiums on a personal benefit contract?  7c If If yes, "did the organization received a contribution of undersective, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of undifficial fiel	- 37							
a At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, country cannot as a bank account, or other financial accountry?  b If "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  See instructions for this requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for this requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See in If "Yes," enter the name of the foreign Bank and Financial Accounts (FBAR).  See in If "Yes," enter the amount on that the document of the foreign Bank and Financial Accounts (FBAR).  See in If "Yes," enter the amount of the foreign Bank and Financial Accounts (FBAR).  See in If "Yes," enter the amount of the foreign Bank and Financial Accounts (FBAR).  See in If "Yes," enter the amount of tax exempt interest received or accrued during the year.  See in If the organizatio	За					3a	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b   1"Yes," enter the name of the foreign country: ▶  5a   1"Yes," enter the name of the foreign country: ▶  5a   Was the organization aparty to a prohibited tax shelter transaction?  5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   I"Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   Did the organization shelt was an include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c   If "Yes," did the organization noticude with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c   Did the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  7c   Total accordance to the payor?  7d   Ves," did the organization notify the donor of the value of the goods or services provided?  7d   Uffective," indicate the number of Forms 8282 flied during the year  7d   Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e   X    7f   Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7e   X    7f   Did the organization neceived an contribution of qualified intellectual property, did the organization file Form 8283 as required?  7f   Did the organization have excess business holdings at any time dur			and appropriate the appropriate to the second secon	_		3b	Х	
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tif "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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?  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?  7 Organization state 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?  7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(7) organizations. Enter:  9 In the organization flee organization included on Part VIII, line 12 for public use of club facilities  9	5a	Was th	e organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
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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.

Section A. Governing Body and Management    Yes   18   Enter the number of voting members of the governing body, at the end of the tax year   18   17		Check if Schedule O contains a response or note to any line in this Part VI			X						
the tree number of voting members of the governing body at the end of the tax year.  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 0.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, directors, or trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organization is sessels?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members of stockholders?  9 Did the organization have members of stockholders?  9 Did and the programation of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 Did the organization contamporaneusly document the meetings held or written actions undertaken during the year by the following:  1 The governing body?  1 Section B. Politics (fris Section B. Repute Section B. Politics)  1 Section B. Politics (fris Section B. Repute Section B. Repute Section B. Politics)  1 Section B. Politics (fris Section B. Repute Section B. Secti	ec	tion A. Governing Body and Management									
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persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization ins malling address? if "Yes," provide the names and addresses in Schedule O  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes  10a Did the organization have local chapters, branches, or affiliates?  10 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Land Has the organization progress and branches to ensure their operations are consistent with the organization's exempt purposes?  10a Land Has the organization have a written conflict of interest policy? If "No," go to line 13  10b User officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O new this was done  11c Did the organization have a written whistleblower policy?  11d Did the organization have a written document retention and destruction policy?  12d Did the organization have a written whistleblower policy?  13d The organization have a written document retention and destruction policy?  14d The organization in Schedule O (see instructions).  15d Did the organization folicy as written policy or procedure requiring the organization to evaluate its participation in jo	b		74								
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a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records: ►											
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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  16a  16a  16a  16a  16a  16a  16			130								
taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website											
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in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  16b  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►NY, AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records: ►			IUa		/4.588						
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statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:		36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	finan	cial							
20 State the name, address, and telephone number of the person who possesses the organization's books and records:				_,							
3300 BELTAGH AVENUE, WANTAGH, NY 11793											

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

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

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

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

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

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

Name and Title	(A)	(B)		(C)					(D)	(E)	(F)
Dours per   Week (list arry   Week (list arry   Nours for related organizations   Dours for related organi	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
Companies   Comp		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
Taylor   Canal C			33	cer an	uau	recto	r/trus	(lee)			
Taylor			irecto						(A) (A) (A)		
Taylor			e or d	tee			sated			(W-2/1099-WIISC)	
Taylor   Canal C		. CONTROL MODERN CONTROL	truste	al trus		yee	mpen		(** 2/ 1000 1/1100)		
Taylor		_	idual	ution	Je	oldma	est co oyee	ler			organizations
RESIDENT/CEO			Indiv	Instit	Offic	Key 6	High	Form			
CALIMAN   CHRIA, ESQ   S.00   X   X   X   X   X   X   X   X   X	(1) NANCY L. TAYLOR	60.00									
CHAIRMAN	PRESIDENT/CEO		X		X				292,404.	0.	30,215.
3   JOSEPH SORBERA	(2) MARY M. LURIA, ESQ	8.00									
VICE CHARIMAN	CHAIRMAN		X		X				0.	0.	0.
(4) GUY B. LAWRENCE	(3) JOSEPH SORBERA	4.00							38	200	
DIRECTOR   X	VICE CHARIMAN		Х		X				0.	0.	0.
SECRETARY	(4) GUY B. LAWRENCE	1.00									
X	DIRECTOR		X						0.	0.	0.
CARPAILAVI R. ATLURI	(5) PAMELA LAUDENSLAGER	2.00									
DIRECTOR	SECRETARY		X		X				0.	0.	0.
The content of the	(6) PALLAVI R. ATLURI	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
Campbell	(7) DAVID BEST, MD, MBA	1.00									
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
Column	(8) LESLIE C. G. CAMPBELL	1.00									100
TREASURER	DIRECTOR		X						0.	0.	0.
(10) ANDREW S. FREY	(9) DAVID FAZIO	4.00									
DIRECTOR   X	TREASURER		X		X				0.	0.	0.
Columbia	(10) ANDREW S. FREY	1.00								500	880
DIRECTOR   X	DIRECTOR		X						0.	0.	0.
DIRECTOR	(11) GARTH E. GRIFFITHS	1.00									
DIRECTOR   X	State of the State		X						0.	0.	0.
Column	(12) PAT HAEGELE	1.00									
DIRECTOR   X			X						0.	0.	0.
1.00	(13) KEITH MANNING, DVM	1.00								33	923
DIRECTOR   X			X						0.	0.	0.
Column	(14) DOUG RAY	1.00									
DIRECTOR   X   0. 0. 0.	DIRECTOR		X						0.	0.	0.
(16) WILLIAM S. MCKEEVER       1.00         DIRECTOR       X         (17) JOSEPH GARRISON       1.00         DIRECTOR       X             0.       0.         0.       0.	(15) SALLY WOOD	1.00									
DIRECTOR         X         0.         0.         0.           (17) JOSEPH GARRISON         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.			X						0.	0.	0.
(17) JOSEPH GARRISON DIRECTOR X 0. 0.	(16) WILLIAM S. MCKEEVER	1.00									
DIRECTOR X 0. 0.			X						0.	0.	0.
		1.00							(600)	5000	
	DIRECTOR		X						0.	0.	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ar	nount	
	week	0.007	cer an	id a d	irecto	or/trus	tee)	from	from related		other	
	(list any	rector						the	organizations		pensa	
	hours for related	or di	eg e			ated		organization	(W-2/1099-MISC)	570	rom th janizat	
	organizations	ustee	trust		90	ubeus		(W-2/1099-MISC)	H 		d relat	
	below	ual tr	tional		yoldı	st con	_			27522	anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) RAYMOND CUSHMORE	50.00	_	-		<u>x</u>	1						
COO & VP OF FINANCE & ADMI		1		Х				173,187.	0	. 3	6,6	29.
(19) LESLIE GRANGER	50.00											
CHIEF EXTERNAL RELATIONS OFFICER		1		X				167,949.	0	. 2	9,7	49.
(20) SHIAN SIMMS	50.00											
VP-& CHIEF VET. SVCS.		1		X				36,654.	0		5,4	12.
(21) STEVEN TEDDER	50.00											
VP OF MARKETING AND COMMUNICATION		1			X			154,268.	0	•	6,3	30.
(22) SHEILA OLIVARES	50.00											
DIRECTOR SPECIAL PROJECTS						X		114,303.	0	. 1	8,8	66.
(23) MARIE PAAR	35.00											
VETERINARY MEDICAL SUPERVISOR						X		109,670.	0	. 1	2,5	59.
(24) JODI POLLER	35.00											
ASSOCIATE VETERINARIAN						X		105,591.	0	. 1	7,0	81.
(25) FRANK PIZZOLO	35.00							194 MANAGES 004000000	_		_	
DIRECTOR OF BUILDINGS						X		103,878.	0	. 1	8,2	61.
(26) JERIANN SCHNEE	35.00											
CHIEF MEDICAL OFFICER						X		119,593.	0	• 2	5,1	63.
1b Sub-total								1,377,497.	0		0,2	
c Total from continuation sheets to Part V	II, Section A							0.	0			0.
d Total (add lines 1b and 1c)								1,377,497.	0	. 20	0,2	65.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	no r	received more than \$100	0,000 of reportable			0
compensation from the organization					-						Tv.	9
											Yes	No
3 Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	employee on			v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the si									the organization		v	
and related organizations greater than \$15										4	X	
5 Did any person listed on line 1a receive or												v
rendered to the organization? If "Yes," con	plete Schedul	e J i	for s	uch	per.	son				. 5		X
Section B. Independent Contractors					-			0 1 1 1 1	\$400,000 of comme		£	-
1 Complete this table for your five highest co										isation	Irom	
the organization. Report compensation for	the calendar y	ear	ena	ing v	vitn	or w	itni		year.		C)	
<b>(A)</b> Name and business	address	NT	ON	F				(B) Description of s	services	Compe	ensatic	on
- Traine and business		TA	OIVI				-					

\$100,000 of compensation from the organization

0

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

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues 146,074. 1c c Fundraising events ..... d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and 5,122,950 similar amounts not included above 17,459 q Noncash contributions included in lines 1a-1f: \$ 5,269,024. h Total. Add lines 1a-1f Business Code 1,520,865 1,854,714. 333,849 2 a ANIMAL HOSPITALS 541900 Program Service Revenue b MEMORIAL PARKS 541900 799,999. 799,999. 541900 177,362 177,362 c ADOPTION CENTERS 541900 14,128 14,128 d BHVIOR, LEARNING, 1,000 e LOVING LEGACY 1,000. 541900 f All other program service revenue ..... 2,847,203, g Total. Add lines 2a-2f Investment income (including dividends, interest, and 500,889. 500,889 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties ..... (i) Real (ii) Personal 43,440 6 a Gross rents **b** Less: rental expenses 43,440. c Rental income or (loss) ..... 43,440 43,440. d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 33,385 6,224,456. assets other than inventory b Less: cost or other basis 6,249,288 18,617 and sales expenses 14,768 -24.832. c Gain or (loss) -10,064. -10,064, d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 146,074. of contributions reported on line 1c). See 409,576 Part IV, line 18 109.761 b Less: direct expenses ..... 299,815. 299,815 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a OTHER INCOME 900099 610 610. b C d All other revenue 610 e Total. Add lines 11a-11d \_\_\_\_\_ 1,520,865. 834 690. 8,950,917. 1,326,338. Total revenue. See instructions.

# Form 990 (2014) BIDEAWEE, INC. Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).												
3601	Check if Schedule O contains a response or note to any line in this Part IX												
	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	( <b>D</b> ) Fundraising expenses								
1	Grants and other assistance to domestic organizations		14										
	and domestic governments. See Part IV, line 21												
2	Grants and other assistance to domestic												
	individuals. See Part IV, line 22												
3	Grants and other assistance to foreign												
	organizations, foreign governments, and foreign												
	individuals. See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,	1 210 077	F07 006	202 400	221 202								
	trustees, and key employees	1,310,877.	597,006.	382,488.	331,383.								
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)	3,726,235.	3,204,198.	215,477.	306,560.								
7	Other salaries and wages Pension plan accruals and contributions (include	3,140,433.	J, 404, 130 •	213,4110	300,300•								
8	section 401(k) and 403(b) employer contributions	99,505.	87,657.	5,350.	6.498.								
9	Other employee benefits	706,041.	613,766.	37,931.	6,498. 54,344.								
10	Payroll taxes	409,388.	335,925.	33,695.	39,768.								
11	Fees for services (non-employees):	105/3001	33373231	33,033.									
	Management												
	Legal	45,998.	565.	13,294.	32,139.								
	Accounting	66,500.		66,500.									
	Lobbying	·											
	Professional fundraising services. See Part IV, line 17												
	Investment management fees	71,126.		71,126.									
g	11511 11 151 151 151 151 151	2			25 15.								
	column (A) amount, list line 11g expenses on Sch 0.)	311,580.	201,205.	99,736.	10,639. 14,201.								
12	Advertising and promotion	126,372.	100,806.	11,365.	14,201.								
13	Office expenses												
14	Information technology												
15	Royalties	254 222	226 485	14 000	02 711								
16	Occupancy	374,989.	336,475.	14,803.	23,711.								
17	Travel	46,975.	39,980.	2,953.	4,042.								
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials	15 204	10 252	2 200	2,742.								
19	Conferences, conventions, and meetings	15,394.	10,253.	2,399.	4,144.								
20	Interest												
21	Payments to affiliates  Depreciation, depletion, and amortization	640,662.	489,753.	39,064.	111,845.								
22		159,772.	139,989.	7,761.	12,022.								
23 24	Other expenses. Itemize expenses not covered	237,114		,,,,,,									
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)												
а	MARKETING & PUBLICATION	531,849.	186,317.	26,483.	319,049.								
b	MEDICAL SUPPLIES	492,420.	492,420.	0.	0.								
С	REPAIRS AND MAINTENANCE	317,347.	292,126.	10,115.	15,106.								
d	PET SUPPLIES & PMP SUP	244,393.	243,047.	998.	348.								
е	All other expenses	520,601.	244,618.	21,932.	254,051.								
25	Total functional expenses. Add lines 1 through 24e	10,218,024.	7,616,106.	1,063,470.	1,538,448.								
26	Joint costs. Complete this line only if the organization												
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation.		945										
Processing and the same	Check here if following SOP 98-2 (ASC 958-720)				F 990 (2014)								

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X .... (B) (A) Beginning of year End of year 403,196. 549,965. 1 Cash - non-interest-bearing 628,908. 440,123. 2 Savings and temporary cash investments 29,941. 785,234. 3 Pledges and grants receivable, net 3 60,959. 59,011. 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 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 Notes and loans receivable, net 183,912. 129,852. Inventories for sale or use 89,906. 106,646. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 17,974,967. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation 10b 10,392,298. 7,582,669. 8,001,914. 10c 16,621,292. 15,805,266. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 846,616. 747,565. 15 15 Other assets. See Part IV, line 11 25,606,097. 27,466,878. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 752,841. 657,436. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 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 28,388. 20,394. 773,235. 685,824. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 14,070,668. 16,425,328. 27 Unrestricted net assets 150,476. 147,106. 28 Temporarily restricted net assets 10,615,088. 10,205,250. 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 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 24,832,862. 26,781,054. Total net assets or fund balances 33 27,466,878. 25,606,097.

	1990 (2014) DIDERMED, THE		TOOGGE		i ag	C 12		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·				X		
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments	1 2 3 4 5 6 7 8	8,9 10,2 -1,2 26,7 -7	50 18 67 81 80	,91 ,02 ,10 ,05	17. 24. 07.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		99	, 0.	<u> </u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,8	32	. 86	62.		
Pa	column (B)) rt XIII Financial Statements and Reporting	10			, -			
	Check if Schedule O contains a response or note to any line in this Part XII					X		
1 2a	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 Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		2		/es	X		
b	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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:							
С	X 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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ngle Au	dit 3	а		X		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
			Fo	rm 9	90 (2	2014)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

		BIDE	AWEE, INC	•			1	3-1655210
Pa	ırt I	Reason for Public			omplete this part.)	See instructions	3.	
The	organ	ization is not a private found	dation because it is	: (For lines 1 through 11,	check only one bo	x.)		
1		A church, convention of ch	nurches, or associat	tion of churches describe	d in section 170(b	)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E.)				
3		A hospital or a cooperative	hospital service or	ganization described in s	ection 170(b)(1)(A	)(iii).		
4		A medical research organiz	zation operated in c	onjunction with a hospita	l described in <b>sec</b>	tion 170(b)(1)(A)	(iii). Enter t	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a c	college or university owne	d or operated by a	governmental u	ınit describ	ed in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go		nmental unit described in	section 170(b)(1)(	A)(v).		
7		An organization that norma					ne general	public described in
		section 170(b)(1)(A)(vi). (C	1550 p. 10 10 10 10 10 10 10 10 10 10 10 10 10					<ul> <li>Beginner (and a specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the specific and an analysis of the service of the ser</li></ul>
8		A community trust describe		)(1)(A)(vi). (Complete Par	t II.)			
9	X	An organization that norma				utions, members	hip fees, a	nd aross receipts from
17.0		activities related to its exen		entropy constitution of the second of the second se			DARKED MECCOCKING PLA	ACCOUNTED OF A STATE OF THE STA
		income and unrelated busin						
		See section 509(a)(2). (Con		io (iodo dodilori o i i tazi) ii			9	
10		An organization organized		sively to test for public sa	afety. See <b>section</b>	509(a)(4).		
11		An organization organized		150	1.27		arry out the	purposes of one or
1000		more publicly supported or						
		lines 11a through 11d that						
а		Type I. A supporting orga					_	giving
		the supported organization						
		organization. You must o			,,			
b		Type II. A supporting org			ction with its suppo	orted organizatio	n(s), by ha	vina
-	-	control or management o						
		organization(s). You mus					9	
C		Type III functionally inte			in connection with	n, and functional	lv integrate	ed with.
·		its supported organizatio					,	,
d		Type III non-functionally					ted organiz	zation(s)
		that is not functionally int						
		requirement (see instruct		and the first control of the control	20 <sup>78</sup> 100100 Mc 11000000	PAGEO NA		
е		Check this box if the orga					II. Type III	
·		functionally integrated, or				·	, . , , ,	
f	Ente	r the number of supported of		ionally integrated eappen	gg			
		ide the following information		ted organization(s).				
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	on (v) Amount of	monetary	(vi) Amount of
		organization	-	(described on lines 1-9 above or IRC section	listed in your governing documen	t? support		other support (see
				(see instructions))	Yes No	Instructi	ons)	Instructions)
						-		
ota	ı							

### 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 Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	, ,	3		, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to		6				
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
	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				2		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				-		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)		.,	12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (I					14	<u>%</u>
	Public support percentage from 2013					15	<u>%</u>
16a	33 1/3% support test - 2014. If the o						ox and
	<b>stop here.</b> The organization qualifies						▶□
b	33 1/3% support test - 2013. If the o						58
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
·	organization meets the "facts-and-circ		a 1366 aan aa	PF secretar terrora PF secret			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box		s >

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	Diete Fart II.)							
-	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	Gifts, grants, contributions, and	(=, == 10	(=, == 1 )	(0, 2012	(2) 2010	(5) 2011	(.,			
8)	membership fees received. (Do not									
	include any "unusual grants.")	7769669.	6778811.	5271250.	6114004.	5568839.	31502573.			
2	Gross receipts from admissions,									
_	merchandise sold or services per-									
	formed, or facilities furnished in						ş1			
	any activity that is related to the organization's tax-exempt purpose	1252481.	1291221.	1298751.	1261205.	1326338.	6429996.			
3	Gross receipts from activities that									
	are not an unrelated trade or bus-		Α							
	iness under section 513									
4	Tax revenues levied for the organ-									
•	ization's benefit and either paid to	et:				3				
	or expended on its behalf									
5	The value of services or facilities									
3	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5	9022150.	8070032.	6570001.	7375209.	6895177	37932569.			
		7022130.	0070032.	0370001.	1313203.	0073177.	37332303.			
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
h	Amounts included on lines 2 and 3 received						· ·			
,	from other than disqualified persons that									
	exceed the greater of \$5,000 or 1% of the						0.			
	amount on line 13 for the year					***************************************	0.			
	Add lines 7a and 7b						37932569.			
8	Public support (Subtract line 7c from line 6.)						57932309.			
		1.0010	#120044	4.1.0040	( 1) 0040	/ ) 004 /	(0 T			
	ndar year (or fiscal year beginning in)	(a) 2010 9022150.	(b) 2011 8070032.	(c) 2012 6570001.	(d) 2013 7375209.	(e) 2014	(f) Total 37932569.			
	Amounts from line 6 Gross income from interest,	7022130.	0070032.	0370001.	1313203.	0093177.	37932309.			
iua	dividends, payments received on									
	securities loans, rents, royalties	382,982.	593,844.	565,745.	436,653.	544,329.	2523553.			
	and income from similar sources	304,304.	333,044.	303,743.	430,033.	344,349.	2323333.			
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975	1127695.	1217174.	1250657.	1307679.	1520865.	6424070.			
	*******	1510677.	1811018.	1816402.	1744332.	2065194.	8947623.			
	Add lines 10a and 10b	13100//	1011010.	1010402.	1/44334.	2003194.	094/023.			
	Net income from unrelated business activities not included in line 10b,									
	whether or not the business is									
40	regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI.)	10522027	0001050	0206402	0110541	0060271	16000100			
	Total support. (Add lines 9, 10c, 11, and 12.)		9881050.				46880192.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	zation,			
							<b>&gt;</b>			
	tion C. Computation of Publi						00 01			
	Public support percentage for 2014 (I			olumn (f))		15	80.91 %			
	Public support percentage from 2013					16	85.44 %			
	tion D. Computation of Inves						10.00			
	Investment income percentage for 20			e 13, column (f))		17	19.09 %			
	Investment income percentage from 2		200			18	14.56 %			
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	17 is not			
	more than 33 $1/3\%$ , check this box ar									
b	33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and			
	line 18 is not more than 33 $1/3\%$ , che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐			
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

#### Part IV | Supporting Organizations

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

				_	
Section	Δ	ΔΙΙ	Supporting	Organ	nizations
CCCLICII			Capporting	0.90.	

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

	Yes	No
1		
2		
3a		
3b		LU SALE
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a	100000	1000
9b		
9c		
10a		
10b		To the

Activities Test. Answer (a) and (b) below. 2

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify how these activities directly furthered their exempt purposes, those supported organizations and explain how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must consider the control of the contro			uctions. All
other Type III non-functionally integrated supporting organizations must co			
	ompiete Se	ctions A through E.	
on A - Adjusted Net Income	8	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	Exercise 1		
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		9	
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
and the second s	6		
	Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  Other expenses (see instructions)  7  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8  On B - Minimum Asset Amount  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  1a  Average monthly value of securities  1a  Average monthly cash balances  1b  Fair market value of other non-exempt-use assets  1c  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  At value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by .035  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  Benc C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  1 Enter 85% of line 1  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  3 Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrate	Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  Other expenses (see instructions)  Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Benor B - Minimum Asset Amount  (A) Prior Year  Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  Average monthly value of securities  Average monthly value of securities  1a  Average monthly value of ther non-exempt-use assets  1b  Fair market value of other non-exempt-use assets  1c  Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors (explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets  2  Subtract line 2 from line 1d  Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  4  Net value of non-exempt-use assets (subtract line 4 from line 3)  5  Multiply line 5 by .035  6  Recoveries of prior-year distributions  7  Minimum Asset Amount (add line 7 to line 6)  8  Discount claimed for prior year (from Section A, line 8, Column A)  1  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  5  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization's first as a non-fu

Schedule A (Form 990 or 990-EZ) 2014

Par	t V   Type III Non-Functionally Integrated 5	09(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported organizations	S	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.	N.		
7	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which	ch the organization is responsive		
	(provide details in Part VI). See instructions.	9000		
9	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
	Underdistributions, if any, for years prior to 2014			
10 <del>-1</del> 0	(reasonable cause required-see instructions)		· · · · · · · · · · · · · · · · · · ·	
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions carryever, in arry, as 20 miles			
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
_	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
7	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
	Remaining underdistributions for 2014. Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c. Breakdown of line 7:			
8	DIEANGOWITOTILLE 1.			
a h				
b				
	Evenes from 2012			
	Excess from 2013			
е	Excess from 2014			1

Schedule A	(Form 990 or 990-EZ) 2014 BIDEAWEE,	INC.	13-1655210 Page 8
Part VI	Supplemental Information. Provide th	ne explanations required by Part II, line 10; Part II, line 17a	
	Also complete this part for any additional infor		
		N 19	
		4.00.000	
-		14	
<del>HE WANTED TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT</del>			<u> </u>

#### **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.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

Name	e of the organization BIDEAWEE, INC.		Employer identification number
Da		d Funds or Other Similar Fun	
Par			as of Medaliteroomploto in the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	T. I	(a) Beller davies a land	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	writing that the assets held in donor ad	vised funds
5	are the organization's property, subject to the organization's	evaluative logal control?	Yes No
_	Did the organization inform all grantees, donors, and donor at	dvicers in writing that grant funds can	
6	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		
Par		anization answered "Yes" to Form 990	
	Purpose(s) of conservation easements held by the organization		,,,
1	Purpose(s) of conservation easements field by the organization of land for public use (e.g., recreation or easements)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fol	rm of a conservation easement on the last
2	day of the tax year.	100 0011001 1011011 00111111	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		1 04 1
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements dur	ring the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describ	bes the organization's accounting for
	conservation easements.	( A.t. Illistania al Traccuraci	Other Similar Assets
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	lead to the lead of ort
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue sta	atement and balance sneet works of art,
	historical treasures, or other similar assets held for public ext		rerance of public service, provide, in Fart XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	t and belongs about works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statem	nent and palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of	public service, provide the following amounts
	relating to these items:		•
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for final	nolal galli, provide
	the following amounts required to be reported under SFAS 1		<b>S</b>
a	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		ΨΨ

	edule D (Form 990) 2014 BIDEAWE		<del> </del>						Page 2
Pa	rt III   Organizations Maintaining C								
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that are a	signi	ificant ι	ise of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's continuous	ollections and explair	n how they further th	ne organization's e	xemp	t purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simi	ilar as	sets			
	to be sold to raise funds rather than to be m	aintained as part of th	ne organization's co	ollection?				Yes	No
Pa	rt IV Escrow and Custodial Arran			The contract of the contract o			Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other assets n	ot inc	luded			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								
	in 100, Oxplain the arrangement in rate xiii	and complete the for	lowing table.			T		Amount	
c	Reginning halance					1c		7 arriodire	
	Beginning balance Additions during the year					1d			
u 0						1e			<del></del>
f	Distributions during the year					1f			
2a	Ending balance  Did the organization include an amount on F				 hility?		T	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							1 163	
	rt V   Endowment Funds. Complete i								
	Zilaovillone i anaoi complete i	(a) Current year	(b) Prior year	(c) Two years back		Three ve	are hack	(a) Four	years back
10	Poginning of year balance	9,450,435.	9,310,351.	9,060,261	<del></del>		14,514.		763,620.
1a	Beginning of year balance	161,662.	140,084.	250,090	_		45,747.		150,894.
b	Contributions	187,937.	514,882.	476,409	_		87,125.		166,081.
C	Net investment earnings, gains, and losses	107,557.	314,002.	470,403	+		37,123.		100,001.
d	Grants or scholarships				-			-	
е	Other expenditures for facilities	214 451	E14 000	176 100		6	07 105	9	166 001
	and programs	214,451.	514,882.	476,409	•	0.0	87,125.		166,081.
f	Administrative expenses	0.000 500	0 450 435	0 210 251	_	0 0	CO 0C1	0	014 514
g	End of year balance	9,209,709.	9,450,435.		•	9,00	50,261.	8,	914,514.
2	Provide the estimated percentage of the curr	rent year end balance		ı)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered fo	r the o	organiz	ation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or ot	description of the second second second	State and Second		mulate	d	(d) Book	value
		basis (investm	,		lepred	ciation			
1a	Land			6,080.					,080.
	Buildings		16,30	7,243. 9	, 39	8,25	57.	6,908	3,986.
	Leasehold improvements								
	Equipment	···	1,45	8,469.	99	4,04	11.	464	428.
	Other		8	3,175.					3,175.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)				7,582	2,669.

Schedule D (Form 990) 2014

Contraction = (retirited) = 1	.NC •		13-1655210 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			*
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13	S
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)	-		
(5)			
(6)	ā		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"			line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		16 884	
(2) CAPITAL LEASES		16,774.	
(3) SECURITY DEPOSITS HELD		3,620.	
(4)			
(5)			
(6)			
(7)	1		

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

(8)

20,394.

	dule D (Form 990) 2014 BIDEAWEE, INC.			1	1655210 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per R	eturr	1.
et Irain	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				0 100 100
1	Total revenue, gains, and other support per audited financial statements			1	8,139,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	T00 406		
а	Net unrealized gains (losses) on investments	2a	-780,136.		
b	Donated services and use of facilities	2b	39,454.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-740,682.
3	Subtract line 2e from line 1			3	8,879,791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,126.		Ĺ
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	71,126.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,950,917.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				10.106.250
1	Total expenses and losses per audited financial statements			1	10,186,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	39,454.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	39,454.
3	Subtract line 2e from line 1			3	10,146,898.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,126.		
b	Other (Describe in Part XIII.)	4b		7.1	
С	Add lines 4a and 4b			4c	71,126.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,218,024.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I $\!$	/, lines 1b	and 2b; Part V, line	4; Par	: X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi				
PAI	RT X, LINE 2:		**************************************		2
BII	DEAWEE BELIEVES IT HAS NO UNCERTAIN TAX POS	ITIO	IS AS OF TH	E Y	EAR ENDED
SEI	PTEMBER 30, 2015 AND 2014 IN ACCORDANCE WIT	H AC	COUNTING ST	'AND	ARDS
COI	DIFICATION ("ASC") TOPIC 740, WHICH PROVIDE	S ST	ANDARDS FOR	ES	TABLISHING
ANI	CLASSIFYING ANY TAX PROVISIONS FOR UNCERT	AIN S	TAX POSITIC	NS.	BIDEAWEE
BEI	LIEVES THAT IT IS NO LONGER SUBJECT TO FEDE	RAL (	OR STATE AN	ID L	OCAL INCOME
TAX	X EXAMINATIONS BY TAX AUTHORITIES FOR YEARS	END	ED BEFORE 2	012	i •

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Imspection Employer identification number Inspection

Name of the organization						U 10 10 10 10 10 10 10 10 10 10 10 10 10	ntification number
BIDEAWE						13-1655	
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" to	Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais							
a Mail solicitations			0.770	overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations d In-person solicitations	g Special	tundra	aising	events			
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	ding o	fficers, directors, trus	stees	or	
key employees listed in Form 990, P						Yes	
<b>b</b> If "Yes," list the ten highest paid ind		uant to	agre	ements under which	the f	undraiser is to	be
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
-							
	6						
E CONTRACTOR OF THE PROPERTY O							
				4			
4							
	5						
Total  3 List all states in which the organization	un in registered or licensed to collect		ution	or has been notified	d it ic	exempt from re	egistration
or licensing.	on is registered or licensed to solicit	CONTIN	outions	s or rias been notined	ı it is	exempt from te	egistration
5							
			3000 T.W.				
			- 53				

		of fundraising event contributions and gr	oss income on Form 990	0-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
					8	(add col. (a) through		
			GALA 2014		1	col. <b>(c)</b> )		
e			(event type)	(event type)	(total number)	55 ( <b>6</b> )/		
Revenue								
Rev	1	Gross receipts	555,650.			555,650.		
			146 074			446 074		
	2	Less: Contributions	146,074.			146,074.		
		0	100 576	138		400 576		
-	3	Gross income (line 1 minus line 2)	409,576.			409,576.		
	1	Cash prizes						
	-	Od311 p1/203						
	5	Noncash prizes	11					
es								
ens	6	Rent/facility costs						
Direct Expenses								
ect	7	Food and beverages	106,421.			106,421.		
Ë		space spaces and control of the cont						
	8	Entertainment	3,340.			3,340.		
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	, ,		<b>&gt;</b>	109,761.		
Do	rt I	Net income summary. Subtract line 10 from lin				299,815.		
Га	11 . 1		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than			
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add		
Revenue		8	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)		
evel						1		
A.	1	Gross revenue		1				
S	2	Cash prizes						
ense								
Direct Expenses	3	Noncash prizes						
ct E								
Dire	4	Rent/facility costs						
100000	1922							
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes%			
	Ü	volunteer labor	No No	∟ No	∟ No			
	7	Direct expense summary. Add lines 2 through	5 in column (d)			¥:		
	15	- Francisco E unough	• • • • • • • • • • • • • • • • •					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>			
		er the state(s) in which the organization condu						
a Is the organization licensed to conduct gaming activities in each of these states?								
b	If "N	No," explain:						
		ē)						
40								
		re any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax y	/ear'?	Yes No		
ט	11 1	/es," explain:						

Sch	edule G (Form 990 or 990-EZ) 2014 BIDEAWEE, INC.	13-1655210 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
10	to administer charitable gaming?	Lifes Line
	Indicate the percentage of gaming activity conducted in:	13a 9
	The organization's facility An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	
14	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 amo	unt
	of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
ž.	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	
100	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	
_	organization's own exempt activities during the tax year ▶ \$	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
	, , , , , , , , , , , , , , , , , , ,	
	3	

Schedule G (Form 990 or 990-EZ)	BIDEAWEE, INC.	13-1655210 Page 4
Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Info	ormation (continued)	
	8	
		P 1
···		

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Employer identification number 13-1655210 BIDEAWEE, INC.

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	K = XX	740	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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 Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
		10		
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		_X_
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		_X_
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
262	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(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	(D)·(i)(B)	in column (B) reported as deferred in prior Form 990
(1) NANCY L. TAYLOR	Θ	257,404.	35,000.	0	0	30,215.	322,619.	0
PRESIDENT/CEO	€		0		0	0.		
(2) RAYMOND CUSHMORE	Ξ	163,187.	10,000.			36,629.	209,81	
COO & VP OF FINANCE & ADMI	(ii)	0	0		0	0	0	
(3) LESLIE GRANGER	Ξ	157,949.	10,000.		0	29,749.	197,69	
CHIEF EXTERNAL RELATIONS OFFICER	<b>E</b>	0	0	0	0	0	0	0
(4) STEVEN TEDDER	Ξ	144,268.	10,000.	0	0	6,330.	160,598.	
VP OF MARKETING AND COMMUNICATION	€	0	0	0	0	0	0	0
	<u>(i)</u>							7700
	€							
	(i)							
	€							
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	€							
	Ξ							
	€							
	(i)							
	Ξ							
	Ξ							
	Ξ						10.	
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedi	Schedule J (Form 990) 2014

Page 3

					Schedule J (Form 990) 2014

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

432211 08-27-14

Name of the organization

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

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 \$ 536,668. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14,128. LOVING LEGACY PROGRAM PROVIDES FOR THE CARE OF ANIMALS LEFT BY OWNERS DUE TO SICKNESS OR DISEASE. EXPENSES \$ 78,771. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,000. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY SENIOR MANAGEMENT AND THE AUDIT COMMITTEE. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) RECOMMENDATION AFTER 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, VT, 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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICAL INTEREST IN SPLIT INTEREST

AGREEMENTS 99,051.

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization BIDEAWEE, INC.	Employer identification number 13-1655210
THE SELECTION PROCESS FOR OVERSIGHT OF THE AUDIT AND INDE	EPENDENT
ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.	
	. "
	: