Form **990-EZ**

Short Form 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 1545-1150

Open to Public

Department of the Treasury

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

Inter	nal Reven	nue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/form990.							
Α	For th	ne 2015 calen	dar year, or tax year beginning , and ending							
<u>B</u> _	Check	ıf applicable	C Name of organization	D Em	D Employer identification number					
Щ	Addres	s change	BIKERS AGAINST ABUSED AND NEGLECTED CHILDREN	_						
	Name o	change	Number and street (or P O box, if mail is not delivered to street address) Room/suite	7	27	7-5272714				
	Initial re	eturn	9413 STATE ROUTE 99 N	E Tel	ернопе п	umber				
	Final retu	um/terminated	City or town State ZIP code	1						
	Amend	led return	MONROEVILLE OH 44847	4						
	Applica	ation pending	Foreign country name Foreign province/state/country Foreign postal code	F Gr	oup Exe	mption				
		,		ı	ımber ▶	•				
_	A		[V] 0 - 1 [] 0 - 1 [] 0 1 1 1 1 1 1 1 1 1		► [∇]	£16				
		nting Method ite: ► N/A	X Cash Accrual Other (specify) ►			if the organization is				
_					•	o attach Schedule B 0-EZ, or 990-PF).				
<u>J</u>	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)501(c) () ◀ (insert no)4947(a)(1) or527	(1 01111	330, 33	0-L2, 01 990-11).				
K	Form o	f organization	X Corporation Trust Association Other	,						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets						
			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	<u> </u>	▶\$	27,043				
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the i		ions foi	r Part I)				
		Check if	the organization used Schedule O to respond to any question in this Part	:1 .		[_]				
20	. 1	Contributio	ns, gifts, grants, and similar amounts received		1	2,459				
CHNINED	2		ervice revenue including government fees and contracts		2	· · · · · · · · · · · · · · · · · · ·				
2	3		p dues and assessments		3					
	4	Investment			4	11				
m	5a	Gross amo	unt from sale of assets other than inventory . 5a							
0	b		or other basis and sales expenses 5b		1 1					
\geq	С		s) from sale of assets other than inventory (Subtract line 5b from line 5a).		5c	0				
9	6		d fundraising events							
	а		ne from gaming (attach Schedule G if greater than							
Ç.		\$15,000)	6a							
e.	b	•	ne from fundraising events (not including \$ of contributions		1 1					
Keverus AON			ising events reported on line 1) (attach Schedule G if the		l f					
25			n gross income and contributions exceeds \$15,000) 6b	21,599) }					
- {	С		expenses from gaming and fundraising events.	4,968	- 1					
	d		ρι, (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		1 1					
-	1	174-68) E	VED COLUMN TO THE COLUMN TO TH		6d	16,631				
	7a	Gross sales	of Inventory) ess returns and allowances	2,974						
	8b		of speeds soft	3,037	7 1					
	o c		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	-63				
İ	8-	Other-rever	nue (describé in Schedule O)		8					
	<u> </u>	16tal Pevel	elmilar amounts paid (list in Schedule O)		9	19,038				
	10	Orants and	similar amounts paid (list in Schedule O)		10					
	11	Benefits pa	id to or for members		11					
တ္ဆ	12	Salaries, ot	her compensation, and employee benefits		12					
Š	13	Professiona	Il fees and other payments to independent contractors		13					
Expenses	14	Occupancy	rent, utilities, and maintenance		14					
ŭ	15	Printing, pu	blications, postage, and shipping		15	1,631				
	16		nses (describe in Schedule O)		16	13,654				
	17		nses. Add lines 10 through 16		17	15,285				
S	18		deficit) for the year (Subtract line 17 from line 9)		18	3,753				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with							
AS			figure reported on prior year's return).		19	17,348				
늉	20		ges in net assets or fund balances (explain in Schedule O)		20					
	21	Net assets	or fund balances at end of year Combine lines 18 through 20	▶	21	21,101				
For	Paper		on Act Notice, see the separate instructions.			Form 990-EZ (2015)				

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t II Balance Sheets. (see the instructions for	•				[]
	Check if the organization used Schedule O to r	espond to any question in			<u>.</u>	
22	Cash sevence and investments		<u> </u>	A) Beginning of year 17,348	22	(B) End of year 21,101
23	Cash, savings, and investments Land and buildings		· · ·	17,340	23	21,101
24	Other assets (describe in Schedule O) .				24	
25	Total assets		. ' ' .	17,348		21,101
26	Total liabilities (describe in Schedule O) .		. [26	
27	Net assets or fund balances (line 27 of column (17,348	27	21,101
Pa	rt III Statement of Program Service Accomplis	•	,	<u></u>		_
	Check if the organization used Schedule O			<u> </u>	(Pan	Expenses urred for section
	at is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
	cribe the organization's program service accomplish		• . •			nizations, optional thers)
	neasured by expenses. In a clear and concise mann cons benefited, and other relevant information for eac	•	provided, the num	per or	101 0	ancio /
	Contributed toward legal fees for victim of abuse	on program title				T
				••	1	
				· · · · · · · · · · · · · · · · · · ·	l	
	(Grants \$) If this amount	includes foreign grants, o	check here	▶ □	28a	11,000
29	Provided Christmas presents for local needy children	en			1	
					}	
	/Cro-to ff					
30	(Grants \$) If this amount				29a	1,981
30	•					
•		·				
	(Grants \$) If this amount	includes foreign grants, o	check here	▶ □	30a	
31	Other program services (describe in Schedule O)				1000	
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, o	check here	🕨 🔲	31a	
32	Total program service expenses. (add lines 28a t	hrough 31a) .		>	32	12,981
Pa	rt IV List of Officers, Directors, Trustees, and I	Key Employees (list each	one even if not com	pensated – see the ii	nstruct	ions for Part IV)
	Check if the organization used Schedule O to	o respond to any question	in this Part IV .			!!
		1				
		(b) Average	(c) Reportable	(d) Health benefi		(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl	- 1	(e) Estimated amount of other compensation
		, , ,	compensation	contributions to employee benefit pl	ans,	Y-4
	EPH F JENKINS	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
		hours per week	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl	ans,	Y-4
	EPH F JENKINS	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation
	EPH F JENKINS	hours per week devoted to position Hr/WK 5.00 Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	compensation (Forms W-2/1099-MIS	contributions to employee benefit pl and deferred compen	ans, sation	other compensation

Par		the	14	Page 0
	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	-	t V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140
	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	"		···
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O .	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
27 -	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a]	276	~	
	Did the organization file Form 1120-POL for this year?	37b		X
30 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	Joa		
39	Section 501(c)(7) organizations Enter	1		i
	Initiation fees and capital contributions included on line 9	Ì		
	Gross receipts, included on line 9, for public use of club facilities	1		[[
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under]
	section 4911 ▶, section 4912 ▶, section 4955 ▶	į		į
þ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			!
А	4955, and 4958 . ▶			
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			1
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed OH			·
42 a		(419) 6	56-41	27
	Located at ► 9416 STATE ROUTE 99 N City MONROEVILLE ST OH ZIP + 4 ► 448		99, 111	
_			Yes	Na
D	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 account)?	42b	res	No X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			!
	Financial Accounts (FBAR)			i
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here .			\blacktriangleright
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and officer and amount of tax oxompt interest received or aborated during the tax your		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Χ
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u></u>
	explanation in Schedule O	44d	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AFL		الا
	Form 990-EZ (see instructions)	45b	90 =	X (2015)
		LOHU 2	シリーエム	_ (∠∪15)

Form 9	90-EZ (201	BIKERS AGAINST ABU	SED AND NEGLECTED C	HILDREN		2	27-52727	14	Page 4
	5							Yes	No
46		organization engage, directly or indirect		ctivities on behal	f of or in	opposition	أما		'
Part	VI S	idates for public office? If "Yes," completed to the complete section 501(c)(3) organizations or	ıly		_ 	· ··	46		<u> </u>
		All section 501(c)(3) organizations m	ust answer questions 4	7–49b and 52,	and com	plete the tables	for line	s	
		0 and 51. Check if the organization used Sche	dule O to respond to an	v auestion in th	is Part ∖	/1			
				7 4400			_ <u></u>	Yes	No
47		organization engage in lobbying activiti	es or have a section 501(l	n) election in effe	ct during	the tax	47	100	
48		"Yes," complete Schedule C, Part II rganization a school as described in se	 otion 170/h\/1\/A\/u\? If !?V	 'ac " complete Si	shodulo E	:	47		X
49 a		organization a school as described in se-		•		•	49a		x
		was the related organization a section	· · · · · · · · · · · · · · · · · · ·	ated organization			49b		X
50		ete this table for the organization's five h		lovees (other tha	n officers	, directors, trustee	\		
		ees) who each received more than \$10							
	(a	i) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-M	cor	(d) Health benefits, ntnbutions to employee lefit plans, and deferred compensation	(e) Estima	ated amo	
Name	None						-		
Title			нглик 00						
Name Title			Hr/WK 00						
Name									
Title			Hr/WK 00						
Name Title			Hr/WK 00						
Name									
Title			Hr/WK .00						
		umber of other employees paid over \$1		. •					
51		te this table for the organization's five h	•		ors who	each received mo	re than		
	\$ 100,00	00 of compensation from the organizati	on inthere is none, enter	None					
		(a) Name and business address of each independ	dent contractor	(b) Type o	of service	(c)	Compensa	ation	
Name	None	Str							
City		ST	ZIP						
Name City		Str	710						
Name		ST Str	ZIP						
City		ST	ZIP						
Name		Str							
City		ST	ZIP						
Name		Str		1					
City		ST	ZIP	<u> </u>				·	
		imber of other independent contractors							
52		organization complete Schedule A? No ed Schedule A	ote. All section 501(c)(3) o	organizations mu	st attach :		► X Y	es 🗀	No
	enalties of	perjury, I declare that Lhave examined this return				st of my knowledge an	_=		<u>.</u>
uue, 60	irect, and (complete Declaration of prepared to the bein office	a) a based on an information of w	mich preparer has an	y knowledge		115/0040	 -	
Sign	į	Signature of officer				Date	/15/2016	<u></u>	
Here	}	Joseph F Jenkins				Chairman			
	1	Type or print name and title				Onamilan			
Paid	 .	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
	2505		SELF-PREPARED	RETURN		self-employed	<u> </u>		
Prep		Firm's name				Fırm's EIN ▶			
	Only	Firm's address				Phone no			
May th	ne IRS d	iscuss this return with the preparer sho	wn above? See instructio	ns	<u>.</u>	<u> </u>	► \ Y	es 🗌] No
							Form 9	90-E	Z (2015)

BIKERS AGAINST ABUSED AND NEGLECTED CHILDREN

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

OMB No 1545-0047

Open to Public Inspection

Employer identification number BIKERS AGAINST ABUSED AND NEGLECTED CHILDREN 27-5272714 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 11 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. 0 Enter the number of supported organizations f Provide the following information about the supported organization(s) (i) Name of supported organization (ii) FIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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.)

	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🛛 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		5,947	1,331	2,702	2,459	12,439
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	0	5,947	1,331	2,702	2,459	12,439
	of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						12,439
		(a) 2011	(b) 2012	(a) 2012 T	(4) 2014	(a) 2015	(f) Total
7	- · · •	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	
8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,	. 0	5,947	1,331	2,702	2,459	12,439
_	rents, royalties and income from similar sources	-		2		11	20
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).			2,680	10,930	15,990	29,600
11	Total support. Add lines 7 through 10			2,000	10,550	10,000	42,059
	Gross receipts from related activities, etc. (se	e instructions)				12	,,,,,,
13	First five years. If the Form 990 is for the orgonganization, check this box and stop here	janization's first, s		n, or fifth tax year a	s a section 501(c)	(3)	. > X
	tion C. Computation of Public Sup					44.1	0.000/
	Public support percentage for 2015 (line 6, co			f)) . .		14 15	0 00%
	Public support percentage from 2014 Schedu 33 1/3% support test—2015. If the organizat and stop here. The organization qualifies as	tion did not check	the box on line 13		//3% or more,		0 00%
b	33 1/3% support test—2014. If the organization and stop here. The organization qualifies				s 33 1/3% or more	, check this	▶□
17a	10%-facts-and-circumstances test—2015. is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	the "facts-and-ci	rcumstances" test, es" test The organ	check this box and	l stop here. Expla	ıın ın	▶[
	10%-facts-and-circumstances test—2014. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts curported example to a	ets the "facts-and -and-circumstanc	d-circumstances" te es" test. The organ	est, check this box	and stop here. E	ne xplaın ın	
18	Private foundation. If the organization did no				this box and see	٠	► [_] _ [—]
	instructions		· · · · · · · ·	<u> </u>	<u> </u>		▶ ∟

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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 Inspection

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/form990

Name of the organization						Employer identification number			
BIKE	RS AGAINST ABUSED AND NEGLI	27-5272714							
Par	Fundraising Activities. Co				ed "Yes" on Form	990, Part IV, line	17.		
1	Form 990-EZ filers are not Indicate whether the organization r				una actuation Char	k all that apply			
a	Mail solicitations	aiseu iunus inic			of non-government				
b	Internet and email solicitations		==		of government gran	_			
c	Phone solicitations		=		raising events	ıs			
d	In-person solicitations		g [X] S	Jeciai iunu	iraising events				
2a		or oral agracm	ont with an	v rodividus	al (maludina officero	directore trustees			
Za	Did the organization have a written key employees listed in Form 990,	Part VII) or entit	ty in conne	ction with	professional fundra	ising services?	Yes X No		
þ	If "Yes," list the ten highest paid inc			users) purs	suant to agreement	s under which the f	undraiser is		
	to be compensated at least \$5,000	by the organiza	ition						
			1			4.3.4 mayint in aid to			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		 	Yes	No					
1				, , , , , , , , , , , , , , , , , , ,					
					0	0	0		
2					0	0.	0		
3					0	0	0		
4					0	0	0		
5									
6			!		0	0	0		
7		ļ	<u> </u>		0	0	0		
					0	0	0		
8					0	0	0		
9						0			
10		 			0	0	0		
		<u> </u>	<u> </u>	<u></u>	0	0	0		
Total					o	0	0		
3	List all states in which the organiza	ition is registere	d or licens	ed to solici					
	registration or licensing	J					·		
. 									

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000 (a) Event #1 (c) Other events (b) Event #2 (d) Total events **AUCTION POKER RUN** NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 11,779 9.820 0 21,599 Less Contributions Gross income (line 1 minus line 2) 11,779 9,820 0 21,599 Cash prizes 900 900 Noncash prizes 428 838 1,266 Direct Expenses Rent/facility costs Food and beverages . . 60 Entertainment 600 0 600 Other direct expenses . . 0 2,142 2,142 10 Direct expense summary. Add lines 4 through 9 in column (d) . 4,968) Net income summary Subtract line 10 from line 3, column (d) 16,631 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add Revenue (b) Pull tabs/instant (c) Other gaming col (a) through col (c)) bingo/progressive bingo Gross revenue 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No No No Direct expense summary Add lines 2 through 5 in column (d). Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?. b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2015 BIKERS AGAINST ABUSED AND NEGLECTED CHILDREN	27-5272714 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 to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а		
	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	,
	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 ▶\$ 0 and the	
	amount of gaming revenue retained by the third party ▶ \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address •	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
_	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	•
Part	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	
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