

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2014

<b>Prepared for</b>	Habcore, Inc. Po Box 2361 Red Bank, NJ 07701
<b>Prepared by</b>	The Curchin Group, LLC 200 Schulz Dr, Ste 400 Red Bank, NJ 07701-6745
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

# 2014

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**HABCORE, INC.**

**52-1596165**

Name and title of officer

**FRED GERSTEN  
TREASURER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1,831,090.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **THE CURCHIN GROUP, LLC** to enter my PIN **02361**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22796907701**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

**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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>HABCORE, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 2361</b> City or town, state or province, country, and ZIP or foreign postal code <b>RED BANK, NJ 07701</b> <b>F Name and address of principal officer: FRED GERSTEN</b> <b>740 BROAD STREET, SUITE 6, SHREWSBURY, NJ 0</b>	<b>D Employer identification number</b> 52-1596165 <b>E Telephone number</b> 732-544-1975 <b>G Gross receipts \$</b> 1,913,790. <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.HABCORE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1988 <b>M State of legal domicile:</b> NJ

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROVIDE PERMANENT HOUSING &amp; SUPPORT FOR LOW-INCOME, HOMELESS INDIVIDUALS.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	25
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	300
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	355,105.	579,222.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	986,365.	1,208,196.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,755.	10,254.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,021.	33,418.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,407,246.	1,831,090.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	534,341.	553,844.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>54,898.</b>	0.	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	699,267.	928,379.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,233,608.	1,482,223.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	173,638.	348,867.
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	2,449,344.	3,542,012.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,047,262.	1,790,652.
<b>22</b>		1,402,082.	1,751,360.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>FRED GERSTEN, TREASURER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DAVID FERULLO</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00183139</b>
	Firm's name <b>THE CURCHIN GROUP, LLC</b>	Firm's EIN <b>61-1416081</b>
	Firm's address <b>200 SCHULZ DR, STE 400 RED BANK, NJ 07701-6745</b>	Phone no. <b>732-747-0500</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
HABCORE, BY PROVIDING PERMANENT HOUSING AND INDIVIDUALIZED SUPPORT, HELPS HOMELESS FAMILIES, VETERANS, AND INDIVIDUALS WITH SPECIAL NEEDS MOVE THROUGH CRISIS TO STABILITY, GIVING THEM THE OPPORTUNITY TO IMPROVE THEIR LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,335,856. including grants of \$ ) (Revenue \$ 1,212,850. )
TO PROVIDE HOMES, SHELTERS, HOMESTEADS AND OTHER FACILITIES FOR HOMELESS PERSONS WITH LOW-INCOME AND/OR PERSONS WHO ARE DISADVANTAGED, DISABLED, UNEMPLOYED OR OTHERWISE UNABLE TO CARE FOR THEMSELVES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,335,856.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields (e.g., 40, 0, 25).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the 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 O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ORGANIZATION - 732-544-1975**  
**740 BROAD ST., SUITE 6, SHREWSBURY, NJ 07702**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLEN BRUSTEIN TRUSTEE	1.00	X					0.	0.	0.	
(2) GERE COFFEY TRUSTEE	1.00	X					0.	0.	0.	
(3) ALISSA DEAKIN-NICHOLAS TRUSTEE	1.00	X					0.	0.	0.	
(4) ELAINE FOLEY TRUSTEE	1.00	X					0.	0.	0.	
(5) SUSANNA GORDON TRUSTEE	1.00	X					0.	0.	0.	
(6) ROBERT HARRISON TRUSTEE	1.00	X					0.	0.	0.	
(7) LARRY LUTTRELL TRUSTEE	1.00	X					0.	0.	0.	
(8) PEGGY MASSE TRUSTEE	1.00	X					0.	0.	0.	
(9) WOLFGANG SCHLOSSER TRUSTEE	1.00	X					0.	0.	0.	
(10) PAMELA SCHOTT TRUSTEE	1.00	X					0.	0.	0.	
(11) ROBERT VUONO TRUSTEE	1.00	X					0.	0.	0.	
(12) CHRIS WIDDIS TRUSTEE	1.00	X					0.	0.	0.	
(13) ROBERT WINTERS TRUSTEE	1.00	X					0.	0.	0.	
(14) SUSAN HARBISON PRESIDENT	2.00	X		X			0.	0.	0.	
(15) BILL LAMB VICE-PRESIDENT	2.00	X		X			0.	0.	0.	
(16) FRED GERSTEN TREASURER	2.00	X		X			0.	0.	0.	
(17) KATHLEEN MULLARKEY SECRETARY	2.00	X		X			0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHELDON ABRAMS FACILITIES CHAIR	2.00	X		X				0.	0.	0.
(19) MARILYN PEARLMAN PRESIDENT EMERITA	2.00	X		X				0.	0.	0.
(20) STEVE HEISMAN EXECUTIVE DIRECTOR	40.00			X				102,069.	0.	0.
<b>1b Sub-total</b>								102,069.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								102,069.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	14,193.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	565,029.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			579,222.			
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	Business Code	531110	617,215.	617,215.		
	<b>b</b> RENTAL INCOME (HUD)		531110	502,577.	502,577.		
	<b>c</b> STATE RENTAL ASSISTANC		531110	85,584.	85,584.		
	<b>d</b> MANAGEMENT INCOME		531110	2,820.	2,820.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,208,196.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			9,303.		9,303.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)				951.	951.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 14,193. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>			45,516.		
		<b>b</b> Less: direct expenses			25,502.		
<b>c</b> Net income or (loss) from fundraising events				20,014.		20,014.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			15,430.			
	<b>b</b> Less: direct expenses			6,680.			
	<b>c</b> Net income or (loss) from gaming activities			8,750.		8,750.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISC REVENUE		999999	4,654.	4,654.			
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			4,654.				
<b>12 Total revenue.</b> See instructions.			1,831,090.	1,212,850.	0.	39,018.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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, trustees, and key employees	102,069.	51,035.	51,034.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	367,742.	340,808.	3,550.	23,384.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,642.	2,971.	1,508.	163.
9 Other employee benefits	30,094.	25,009.	4,596.	489.
10 Payroll taxes	49,297.	41,686.	4,967.	2,644.
11 Fees for services (non-employees):				
a Management				
b Legal	45.	45.		
c Accounting	33,900.	32,028.	936.	936.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	7,037.	3,149.	638.	3,250.
12 Advertising and promotion	2,230.		205.	2,025.
13 Office expenses	14,783.	4,051.	3,647.	7,085.
14 Information technology	4,707.	1,220.	1,720.	1,767.
15 Royalties				
16 Occupancy	611,029.	594,759.	8,135.	8,135.
17 Travel	6,116.	2,451.	3,665.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	537.		123.	414.
20 Interest	22,860.	22,591.	269.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,399.	74,545.		1,854.
23 Insurance	70,635.	66,605.	3,248.	782.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>FURNITURE-DISPOSABLE</b>	31,171.	31,171.	0.	0.
b <b>FOOD AND SUPPLIES</b>	31,150.	31,034.	58.	58.
c <b>LICENSES &amp; FEES</b>	10,588.	6,802.	1,874.	1,912.
d <b>RECREATION</b>	1,981.	1,981.	0.	0.
e All other expenses	3,211.	1,915.	1,296.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,482,223.	1,335,856.	91,469.	54,898.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	261,864.	<b>1</b>	385,060.
	<b>2</b> Savings and temporary cash investments .....	16,796.	<b>2</b>	22,998.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	42,459.	<b>4</b>	64,274.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	14,619.	<b>9</b>	44,810.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,568,669.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 899,226.	1,751,195.	<b>10c</b> 2,669,443.
	<b>11</b> Investments - publicly traded securities .....	172,244.	<b>11</b>	178,020.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	69,118.	<b>12</b>	38,486.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	121,049.	<b>15</b>	138,921.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,449,344.	<b>16</b>	3,542,012.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	131,187.	<b>17</b>	87,980.
	<b>18</b> Grants payable .....	5,000.	<b>18</b>	5,000.
	<b>19</b> Deferred revenue .....	7,604.	<b>19</b>	7,095.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	902,267.	<b>23</b>	1,689,373.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,204.	<b>25</b>	1,204.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,047,262.	<b>26</b>	1,790,652.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	869,705.	<b>27</b>	1,399,414.
	<b>28</b> Temporarily restricted net assets .....	249,936.	<b>28</b>	69,505.
	<b>29</b> Permanently restricted net assets .....	282,441.	<b>29</b>	282,441.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,402,082.	<b>33</b>	1,751,360.	
<b>34</b> Total liabilities and net assets/fund balances .....	2,449,344.	<b>34</b>	3,542,012.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,831,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,482,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	348,867.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,402,082.
5	Net unrealized gains (losses) on investments	5	-1,429.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,840.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,751,360.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

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

**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.

OMB No. 1545-0047

**2014**

**Open to Public 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](http://www.irs.gov/form990).

**Name of the organization** HABCORE, INC. **Employer identification number** 52-1596165

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  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).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	187,835.	213,084.	266,149.	355,105.	579,222.	1601395.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	893,731.	907,805.	885,321.	986,365.	1212850.	4886072.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	1081566.	1120889.	1151470.	1341470.	1792072.	6487467.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support</b> (Subtract line 7c from line 6.)						6487467.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	1081566.	1120889.	1151470.	1341470.	1792072.	6487467.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	6,041.	5,045.	5,227.	21,755.	9,303.	47,371.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	6,041.	5,045.	5,227.	21,755.	9,303.	47,371.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	71,383.	64,965.	83,087.	80,624.	60,946.	361,005.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1158990.	1190899.	1239784.	1443849.	1862321.	6895843.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	94.08 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	93.24 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.69 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	.71 %

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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 A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2014

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

HABCORE, INC.

Employer identification number

52-1596165

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>HABCORE, INC.</b>	Employer identification number <b>52-1596165</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LB & TD FOUNDATION 65 PROSPECT PARK WEST BROOKLYN, NY 11215	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LYDIA COLLINS DEFOREST CHARITABLE 114 WEST 47TH STREET, 18TH FLOOR NEW YORK, NY 10036	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROLF & NANCY MARGENAU 48 SUTTON ROAD LEBANON, NJ 08833	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SANDY RELIEF P.O. BOX 95 MENDHAM, NJ 07945	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MR & MRS GEORGE SCHLIDGE 61 BEAVER DAM ROAD COLTS NECK, NJ 07722	\$ 5,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ST. GEORGES-BY-THE-RIVER 7 LINCOLN AVENUE RUMSON, NJ 07760	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>HABCORE, INC.</b>	Employer identification number <b>52-1596165</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	STONE FOUNDATION OF NEW JERSEY 179 AVE OF THE COMMONS, SUITE 2 SHREWSBURY, NJ 07702	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE AMBOY FOUNDATION 3590 US HIGHWAY 9 OLD BRIDGE, NJ 08857	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	WELLS FARGO BANK FOUNDATION 32 EAST FRONT STREET TRENTON, NJ 08608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MR & MRS DAVID FISHELL 71 RIVERLAWN DRIVE FAIR HAVEN, NJ 07704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	WALMART FOUNDATION 702 S W 8TH STREET BENTONVILLE, AR 72716	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE CURCHIN GROUP 200 SCHULZ DRIVE SUITE 400 RED BANK, NJ 07701	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HABCORE, INC.</b>	Employer identification number  <b>52-1596165</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	AMBOY NATIONAL BANK <hr/> 3590 US HIGHWAY 9 <hr/> OLD BRIDGE, NJ 08857	\$ 7,091.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>HABCORE, INC.</b>	Employer identification number  <b>52-1596165</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>HABCORE, INC.</b>	Employer identification number <b>52-1596165</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **HABCORE, INC.** Employer identification number **52-1596165**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
- ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X .....
- ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		525,300.		525,300.
b Buildings		2,951,299.	851,722.	2,099,577.
c Leasehold improvements				
d Equipment		9,704.	6,529.	3,175.
e Other		82,366.	40,975.	41,391.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,669,443.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 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 or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>TENANT SECURITY DEPOSITS</b>	<b>1,204.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,204.</b>

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,861,843.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,429.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	32,182.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	30,753.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,831,090.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,831,090.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,514,405.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	32,182.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	32,182.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,482,223.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,482,223.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE IS SUBJECT TO FEDERAL INCOME TAX. THE ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

HABCORE, INC. FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAIN INCOME TAX POSITIONS, WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS. THE ORGANIZATION RECOGNIZES THE TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY



**Part XIII** Supplemental Information (continued)

IF IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNRECOGNIZED TAX BENEFITS THAT WILL SIGNIFICANTLY INCREASE OR DECREASE OVER THE NEXT TWELVE (12) MONTHS, NOR HAS THE ORGANIZATION INCURRED ANY INTEREST OR PENALTIES RELATED TO INCOME TAX EXPENSE DURING THE YEARS ENDED DECEMBER 31, 2014 AND 2013. GENERALLY, IN ACCORDANCE WITH THE STATUES OF LIMITATIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR RETURNS FILED FOR YEARS BEFORE 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990 32,182.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED WITH REVENUE ON FORM 990 32,182.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2014**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**HABCORE, INC.**

Employer identification number  
**52-1596165**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>Total</b> .....				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	JAZZ EVENT (event type)	2 (total number)		
Revenue	1	Gross receipts	34,770.	14,175.	10,764.	59,709.
	2	Less: Contributions	12,335.	1,858.	0.	14,193.
	3	Gross income (line 1 minus line 2)	22,435.	12,317.	10,764.	45,516.
Direct Expenses	4	Cash prizes	375.			375.
	5	Noncash prizes				
	6	Rent/facility costs	10,292.	1,300.		11,592.
	7	Food and beverages		604.	1,695.	2,299.
	8	Entertainment	3,500.	600.	150.	4,250.
	9	Other direct expenses	3,121.	2,262.	1,603.	6,986.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				25,502.
11	Net income summary. Subtract line 10 from line 3, column (d)				20,014.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			15,430.
Direct Expenses	2	Cash prizes			1,605.	1,605.
	3	Noncash prizes				
	4	Rent/facility costs			1,730.	1,730.
	5	Other direct expenses			3,345.	3,345.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				6,680.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				8,750.	

9 Enter the state(s) in which the organization conducts gaming activities: NJ

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 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:
 

a	The organization's facility		13a	%
b	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 ▶ LINDA BRICKER AND EILEEN MAHONEY

Address ▶ PO BOX 2361 - RED BANK, NJ 07701

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a 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 or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

HABCORE, INC.

Employer identification number

52-1596165

FORM 990, PART VI, SECTION B, LINE 11:

THE BOARD OF TRUSTEES WILL REVIEW THE FORM 990 PRIOR TO ITS FILING. THE TRUSTEES WILL BE INSTRUCTED TO CONTACT THE TREASURER IF THERE ARE ANY QUESTIONS OR CLARIFICATION IS NEEDED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ORGANIZATION'S POLICY MANUAL. EACH FACILITY HAS A COPY OF THE POLICY MANUAL AND THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH STAFF AT REGULARLY HELD STAFF MEETINGS. A COMMITTEE OF THE BOARD PERIODICALLY REVIEWS AND UPDATES THE POLICIES WHICH ARE THEN PRESENTED TO THE BOARD FOR THEIR APPROVAL AND ADOPTION. TRUSTEES ARE, THEREFORE, FULLY AWARE THAT THEY SHOULD REPORT ANY CONFLICT OF INTEREST WHENEVER APPROPRIATE.

FORM 990, PART VI, SECTION C, LINE 19:

HABCORE INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE MEETS WITH THE AUDITOR TO REVIEW THE AUDIT PROCESS. THE AUDITOR PROVIDES US WITH A FEE PROPOSAL. WE DISCUSS THE AUDIT PROCESS AND THE FEE PROPOSAL. BASED ON THIS REVIEW, THE FINANCE COMMITTEE APPROVES THE ENGAGEMENT OF THE OUTSIDE AUDITOR. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	212 SOUTH STREET FACILITY	060194	SL	39.00	17	83,429.			83,429.	55,291.		2,139.
2	212 SOUTH STREET CLOSING COSTS	060194	SL	27.50	17	1,390.			1,390.	1,390.		0.
3	212 SOUTH STREET IMPROVEMENTS	060195	SL	39.00	17	349,897.			349,897.	186,502.		8,972.
4	212 SOUTH STREET IMPROVEMENTS	060196	SL	39.00	17	9,980.			9,980.	4,398.		256.
5	212 SOUTH STREET IMPROVEMENTS	060197	SL	39.00	17	9,912.			9,912.	4,214.		254.
6	VELARDI-BATHROOM AIR CONDITIONING UNIT	071599	SL	27.50	17	1,900.			1,900.	998.		69.
7	BUILDING PURCHASE ADJ	071800	SL	10.00	17	8,000.			8,000.	8,000.		0.
8	AIR CONDITIONING INSTALLATION	123100	SL	39.00	17	12,800.			12,800.	4,278.		328.
9	AIR CONDITIONING INSTALLATION	050801	SL	10.00	17	10,000.			10,000.	10,000.		0.
10	BUILDING RENOVATION	090301	SL	39.00	17	4,385.			4,385.	1,377.		112.
39	212 SOUTH STREET BATHROOM RENOVATION	060106	SL	39.00	17	12,647.			12,647.	2,498.		324.
41	212 SO STREET IMPROVEMENT	083107	SL	27.50	17	1,728.			1,728.	402.		63.
46	COMMERCIAL REFRIGERATOR	101007	SL	10.00	17	1,325.			1,325.	815.		133.
47	NEW GABLE END AND RELOCATE WINDOWS	100407	SL	27.50	17	5,500.			5,500.	1,242.		200.
49	CONDENSATION UNIT	072408	SL	10.00	17	2,100.			2,100.	1,628.		210.
50	KITCHEN FLOORING	082108	SL	27.50	17	1,500.			1,500.	295.		55.
66	COFFEY - FLOORING	123010	SL	27.50	17	4,513.			4,513.	499.		164.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	CARPETING	041111	SL	27.50	17	4,585.			4,585.	452.		167.
80	REBUILD FRONT STEPS	051911	SL	27.50	17	500.			500.	47.		18.
	BATHROOM											
81	RENOVATIONS	123111	SL	27.50	17	5,281.			5,281.	392.		192.
94	SMOKE DETECTORS	060112	SL	5.00	16	2,750.			2,750.	871.		550.
	UPSTAIRS											
95	BATHROOM/LR SHEETRO	061212	SL	27.50	16	1,225.			1,225.	71.		45.
96	COMPRESSOR	080912	SL	10.00	16	1,500.			1,500.	213.		150.
97	VINYL FLOORING	080112	SL	10.00	16	800.			800.	113.		80.
98	VINYL FLOORING	053112	SL	10.00	16	961.			961.	152.		96.
127	COFFEY - GENERATOR	092413	SL	15.00	16	11,360.			11,360.	189.		757.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					549,968.		0.	549,968.	286,327.	0.	15,334.
	LAND											
	212 SOUTH STREET											
35	LAND	060194	L			146,900.			146,900.			0.
	* 990 PAGE 10 TOTAL											
	LAND					146,900.		0.	146,900.	0.	0.	0.
	* 990 PAGE 10 TOTAL											
	-					696,868.		0.	696,868.	286,327.	0.	15,334.
	BUILDINGS											
	LAUREL HOUSE											
11	PURCHASE	013198	SL	39.00	17	262,994.			262,994.	107,617.		6,743.
	LH KITCHEN											
12	RENOVATION	102599	SL	27.50	17	14,973.			14,973.	7,729.		544.
13	LH RENOVATIONS	073199	SL	27.50	17	32,418.			32,418.	17,046.		1,179.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14	BUILDING REPAIRS	060100	SL	39.00	17	3,827.			3,827.	1,327.		98.
15	BATHROOM RENOVATION	111201	SL	39.00	17	8,052.			8,052.	2,498.		206.
16	IMPROVEMENTS-LAUREL	051502	SL	39.00	17	10,430.			10,430.	3,104.		267.
17	NEW ROOF-LAUREL	103003	SL	27.50	17	21,910.			21,910.	8,136.		797.
18	A/CS BOILERS-LAUREL	103003	SL	10.00	17	15,828.			15,828.	15,828.		0.
19	A/C LAUREL	103003	SL	10.00	17	25,119.			25,119.	25,119.		0.
20	WINDOWS/HV PUMP LAUREN	120604	SL	10.00	17	3,776.			3,776.	3,449.		327.
21	WATER HEATERS LAUREL HOUSE	113004	SL	10.00	17	3,661.			3,661.	3,340.		321.
40	BATHROOM RENOVATION	060106	SL	39.00	17	4,850.			4,850.	956.		124.
48	LOWER ROOF	021507	SL	27.50	17	2,900.			2,900.	722.		105.
51	CONCRETE SLAB	050108	SL	27.50	17	2,500.			2,500.	512.		91.
52	WINDOWS - LAUREL HOUSE	042308	SL	20.00	17	800.			800.	620.		40.
53	KITCHEN FLOORING AND CEILING TILES	120208	SL	27.50	17	8,450.			8,450.	1,548.		307.
67	LAUREL - ROOF REPAIR	032510	SL	27.50	17	2,000.			2,000.	277.		73.
68	LAUREL - HOT WATER HEATER	032510	SL	10.00	17	1,200.			1,200.	420.		120.
69	LAUREL - VINYL FLOORING	042310	SL	27.50	17	805.			805.	108.		29.
82	CARPETING	060111	SL	27.50	17	3,810.			3,810.	353.		139.
83	3 NEW FAUCETS AND WALL HUNG SINK	050311	SL	27.50	17	1,050.			1,050.	100.		38.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
84	INTERIOR PAINTING	052511	SL	17.50	16	5,240.			5,240.	501.		299.
99	VINYL WINDOWS AND DOORS	032112	SL	17.50	16	3,200.			3,200.	203.		183.
101	POWER ASSISTED COMMODE	082112	SL	10.00	16	550.			550.	73.		55.
102	SECURITY CAMERA	090812	SL	10.00	16	337.			337.	45.		34.
103	RUBBER ROOF CERAMIC TILE	081512	SL	27.50	16	1,800.			1,800.	92.		65.
122	INSTALL	091212	SL	10.00	17	1,060.			1,060.	159.		106.
123	WORK DONE FOR INSPECTION	050312	SL	10.00	17	1,520.			1,520.	228.		152.
130	LAUREL - GENERATOR	110113	SL	15.00	16	10,974.			10,974.	122.		732.
131	LAUREL - SINK AND SHOWERS	071013	SL	15.00	16	1,250.			1,250.	42.		83.
136	LIGHTING AND FIXTURES	102213	SL	15.00	16	415.			415.	5.		28.
137	TOILET	101113	SL	15.00	16	750.			750.	13.		50.
138	SPRINKLER PIPING	123113	SL	15.00	16	1,150.			1,150.			77.
145	LH CEILING AND FLOORING TILES	032014	SL	10.00	16	8,100.			8,100.			608.
146	LH FLOORING 2ND BATHROOM	050114	SL	10.00	16	2,191.			2,191.			146.
147	LH HIGH VELOCITY AC	092614	SL	10.00	16	7,850.			7,850.			196.
	* 990 PAGE 10 TOTAL BUILDINGS					477,740.		0.	477,740.	202,292.	0.	14,362.
	LAND											
36	LAUREL LAND	120197	L			28,500.			28,500.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL											
	LAND					28,500.		0.	28,500.	0.	0.	0.
	* 990 PAGE 10 TOTAL											
	-					506,240.		0.	506,240.	202,292.	0.	14,362.
	BUILDINGS											
22	RIVER STREET BUILDING	060195	SL	39.00	17	86,899.			86,899.	48,431.		2,228.
23	RIVER STREET IMPROVEMENTS	060195	SL	39.00	17	21,035.			21,035.	11,638.		539.
24	RIVER STREET IMPROVEMENTS	060196	SL	39.00	17	13,739.			13,739.	6,506.		352.
25	WASHER/DRYER	052798	SL	5.00	17	1,316.			1,316.	1,316.		0.
	119 RIVER ST											
38	BATHROOM RENOVATION	060106	SL	39.00	17	7,930.			7,930.	1,565.		203.
	BUILDING											
42	IMPROVEMENTS	083107	SL	27.50	17	2,808.			2,808.	650.		102.
43	ELECTRICAL WORK	100907	SL	27.50	17	10,900.			10,900.	2,459.		396.
	DECK FACING AND											
104	DOOR FRAMES	061212	SL	27.50	16	925.			925.	54.		34.
105	CABINETS AND VANITY	030912	SL	27.50	16	1,025.			1,025.	68.		37.
	FLOOR CHANNEL SUMP											
106	PUMP	080312	SL	10.00	16	900.			900.	128.		90.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					147,477.		0.	147,477.	72,815.	0.	3,981.
	LAND											
37	RIVER STREET LAND	060195	L			25,000.			25,000.			0.
	* 990 PAGE 10 TOTAL											
	LAND					25,000.		0.	25,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL											
	-					172,477.		0.	172,477.	72,815.	0.	3,981.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
26	12 BAY AVE KEANSBURG	062405	SL	27.50	17	581,057.			581,057.	180,477.		21,129.
44	ELECTRICAL WORK KEANSBURG -	100407	SL	27.50	17	7,900.			7,900.	1,782.		287.
70	TANKLESS WATER HEAT	043010	SL	10.00	17	2,520.			2,520.	882.		252.
108	COUNTER SINK FAUCET KEANSBURG -	080112	SL	27.50	16	1,200.			1,200.	62.		44.
128	FLOORING	050213	SL	15.00	16	1,320.			1,320.	59.		88.
139	HVAC PIPING	051513	SL	15.00	16	1,875.			1,875.	83.		125.
148	KB IMPROVEMENTS	120114	SL	27.50	16	2,255.			2,255.			8.
	* 990 PAGE 10 TOTAL BUILDINGS					598,127.		0.	598,127.	183,345.	0.	21,933.
	LAND											
34	KEANSBURG LAND	062405	L			29,400.			29,400.			0.
	* 990 PAGE 10 TOTAL LAND					29,400.		0.	29,400.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					627,527.		0.	627,527.	183,345.	0.	21,933.
	BUILDINGS											
57	306 CAPSTAN AVENUE - BUILDING	111908	SL	27.50	17	203,272.			203,272.	37,884.		7,392.
58	BEACHWOOD - CAPITAL IMPROVEMENTS - CAR	012309	SL	27.50	17	1,168.			1,168.	207.		42.
60	ACQUISITION COST - SECURITY AGREEMENT	042709	SL	27.50	17	70.			70.	14.		3.
61	GAS FURNACE - BEACHWOOD	071609	SL	10.00	17	5,650.			5,650.	2,495.		565.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	ROOF - FRONT STEP - BEACHWOOD	110309	SL	27.50	17	895.			895.	137.		33.
71	BEACHWOOD - NEW ROOM	012510	SL	27.50	17	2,500.			2,500.	360.		91.
72	BEACHWOOD - HOT WATER HEATERS	031510	SL	27.50	17	3,000.			3,000.	413.		109.
87	LEASEHOLD IMPROVEMENTS	121511	SL	27.50	17	2,100.			2,100.	155.		76.
109	SMITH POWER SHOT WATER HEATER	080912	SL	10.00	16	1,500.			1,500.	213.		150.
110	BASE CABINETS AND COUNTER TOP	080912	SL	10.00	16	1,650.			1,650.	85.		165.
125	MALLEY - FLOORING	050913	SL	10.00	16	2,900.			2,900.	193.		290.
126	MALLEY - FENSING	081913	SL	15.00	16	2,340.			2,340.	52.		156.
149	MH CABINETS	050114	SL	15.00	16	1,200.			1,200.			53.
	* 990 PAGE 10 TOTAL BUILDINGS					228,245.		0.	228,245.	42,208.	0.	9,125.
	LAND											
55	306 CAPSTAN AVENUE - LAND	111908	L			125,000.			125,000.			0.
	* 990 PAGE 10 TOTAL LAND					125,000.		0.	125,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					353,245.		0.	353,245.	42,208.	0.	9,125.
	BUILDINGS											
56	305/307 CAPSTAN AVENUE	083108	NC	27.50		8,936.			8,936.			0.
65	305/307 - ACQUISITION COST	123109	NC	27.50		37,588.			37,588.			0.
78	305/307 CAPSTAN AVENUE ACQUISITION	121510	NC	27.50		10,113.			10,113.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
85	LEGAL SERVICES	050311	NC	27.50		963.			963.			0.
86	ZONING, APPLICATION, LITIGATION DEVELO	090211	NC	27.50		2,935.			2,935.			0.
93	PREDEVELOPMENT COSTS	101211	NC	27.50		2,344.			2,344.			0.
100	PREDEVELOPMENT COSTS	112712	NC	27.50		15,250.			15,250.			0.
111	PREDEVELOPMENT COSTS	091812	NC	27.50		7,665.			7,665.			0.
118	PREDEVELOPMENT COSTS	053112	NC	27.50		2,260.			2,260.			0.
124	CAP II - PREDEVELOPMENT COST	010114	NC	27.50		7,576.			7,576.			0.
150	CAP II - PREDEVELOPMENT COST	123114	NC	27.50		853,512.			853,512.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					949,142.		0.	949,142.	0.	0.	0.
	LAND											
151	CAP II - LAND	042914	L			170,500.			170,500.			0.
	* 990 PAGE 10 TOTAL LAND					170,500.		0.	170,500.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					1119642.		0.	1119642.	0.	0.	0.
	FURNITURE & FIXTURES											
27	FURNITURE	060195	SL	10.00	17	2,663.			2,663.	2,663.		0.
28	FURNITURE	060196	SL	10.00	17	6,270.			6,270.	6,270.		0.
29	OFFICE FURNITURE	060998	SL	5.00	17	400.			400.	400.		0.
30	FORTUNA ENT.-STOVE	010599	SL	10.00	17	1,925.			1,925.	1,925.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	WALTS FURNITURE-BEDDING	081299	SL	10.00	17	600.			600.	600.		0.
32	48" RANGE	092099	SL	10.00	17	4,673.			4,673.	4,673.		0.
33	FURNITURE	020502	200DB	7.00	17	899.			899.	899.		0.
54	REFRIGERATOR - LAUREL HOUSE	102408	SL	10.00	17	655.			655.	509.		66.
59	HOTPOINT RANGE	012509	SL	10.00	17	400.			400.	197.		40.
63	DRYER - LAUREL HOUSE	122109	SL	10.00	17	599.			599.	240.		60.
73	REFRIGERANT AIR HANDLER	060810	SL	10.00	17	2,300.			2,300.	805.		230.
74	KITCHEN AID COMPACTOR	072310	SL	10.00	17	679.			679.	238.		68.
75	WHIRLPOOL WASHER	072310	SL	10.00	17	849.			849.	297.		85.
76	KITCHEN AID COMPACTOR	091610	SL	10.00	17	679.			679.	238.		68.
77	HOBART DISHWASHER	101210	SL	10.00	17	4,558.			4,558.	1,596.		456.
88	MILITARY BEDS LH	032211	SL	5.00	17	6,942.			6,942.	3,470.		1,388.
89	MILITARY BEDS CR	032211	SL	5.00	17	4,707.			4,707.	2,353.		941.
90	LOWES CR	122911	SL	5.00	17	494.			494.	247.		99.
91	WP GAS RANGE WFG361LVB	122911	SL	5.00	17	449.			449.	225.		90.
92	REFRIGERATOR	081611	SL	5.00	17	460.			460.	230.		92.
107	WHIRLPOOL TOP WASHER LH	051812	SL	10.00	16	780.			780.	124.		78.
112	VIKING 48" RANGE CR	051912	SL	10.00	16	7,995.			7,995.	1,266.		800.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
113	AC UNIT KB	070312	SL	10.00	16	558.			558.	84.		56.
114	GE REFRIGERATOR KB	021712	SL	10.00	16	492.			492.	90.		49.
115	WHIRLPOOL REFRIGERATOR	080112	SL	10.00	16	385.			385.	55.		39.
133	WHIRLPOOL GAS DRYER	021513	SL	10.00	16	532.			532.	49.		53.
134	LAWNMOWER	081413	SL	10.00	16	399.			399.	17.		40.
135	AC UNIT	081413	SL	10.00	16	219.			219.	9.		22.
141	AP02 ROBIN HOOD FURNITURE	030713	SL	7.00	17	370.			370.	26.		53.
142	AP11A ROBIN HOOD FURNITURE	080113	SL	7.00	17	10,478.			10,478.	748.		1,497.
143	AP11B ROBIN HOOD FURNITURE	090113	SL	7.00	17	10,627.			10,627.	759.		1,518.
144	KEANSBURG ROBIN HOOD FURNITURE	043013	SL	7.00	17	8,330.			8,330.	595.		1,190.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					82,366.		0.	82,366.	31,897.	0.	9,078.
	* 990 PAGE 10 TOTAL					82,366.		0.	82,366.	31,897.	0.	9,078.
	MACHINERY & EQUIPMENT											
45	COMPUTER	042607	SL	5.00	17	480.			480.	480.		0.
64	DELL COMPUTER	122209	SL	5.00	17	605.			605.	484.		121.
116	SONY VAIO NOTEBOOK	081212	SL	5.00	16	600.			600.	170.		120.
117	DELL NOTEBOOK AMD REFURBISHED	032212	SL	5.00	16	662.			662.	231.		132.
119	DESKTOP	011012	SL	5.00	16	230.			230.	92.		46.



Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
121	DONOR PERFECT	082112	SL	3.00	16	5,562.			5,562.	2,472.		1,854.
132	DELL COMPUTER	123113	SL	5.00	16	1,145.			1,145.			229.
140	HP COMPUTER	102413	SL	5.00	16	420.			420.	14.		84.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					9,704.		0.	9,704.	3,943.	0.	2,586.
	* 990 PAGE 10 TOTAL					9,704.		0.	9,704.	3,943.	0.	2,586.
	BUILDINGS											
120	SHORE CREED PREDEVELOPMENT	123112	NC	27.50		600.			600.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					600.		0.	600.	0.	0.	0.
	* 990 PAGE 10 TOTAL					600.		0.	600.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					3568669.		0.	3568669.	822,827.	0.	76,399.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>HABCORE, INC.</b>	Employer identification number (EIN) or <b>52-1596165</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2361</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RED BANK, NJ 07701</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**ORGANIZATION**

• The books are in the care of  **740 BROAD ST., SUITE 6 - SHREWSBURY, NJ 07702**  
 Telephone No.  **732-544-1975** Fax No.  **732-676-6118**

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE AN ACCURATE AND COMPLETE RETURN**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  **TREASURER** Date

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	212 SOUTH STREET FACILITY	060194	SL	39.00	17	83,429.			83,429.	55,291.		2,139.
2	212 SOUTH STREET CLOSING COSTS	060194	SL	27.50	17	1,390.			1,390.	1,390.		0.
3	212 SOUTH STREET IMPROVEMENTS	060195	SL	39.00	17	349,897.			349,897.	186,502.		8,972.
4	212 SOUTH STREET IMPROVEMENTS	060196	SL	39.00	17	9,980.			9,980.	4,398.		256.
5	212 SOUTH STREET IMPROVEMENTS	060197	SL	39.00	17	9,912.			9,912.	4,214.		254.
6	VELARDI-BATHROOM	071599	SL	27.50	17	1,900.			1,900.	998.		69.
7	AIR CONDITIONING UNIT	071800	SL	10.00	17	8,000.			8,000.	8,000.		0.
8	BUILDING PURCHASE ADJ	123100	SL	39.00	17	12,800.			12,800.	4,278.		328.
9	AIR CONDITIONING INSTALLATION	050801	SL	10.00	17	10,000.			10,000.	10,000.		0.
10	BUILDING RENOVATION	090301	SL	39.00	17	4,385.			4,385.	1,377.		112.
39	212 SOUTH STREET BATHROOM RENOVATION	060106	SL	39.00	17	12,647.			12,647.	2,498.		324.
41	212 SO STREET IMPROVEMENT	083107	SL	27.50	17	1,728.			1,728.	402.		63.
46	COMMERCIAL REFRIGERATOR	101007	SL	10.00	17	1,325.			1,325.	815.		133.
47	NEW GABLE END AND RELOCATE WINDOWS	100407	SL	27.50	17	5,500.			5,500.	1,242.		200.
49	CONDENSATION UNIT	072408	SL	10.00	17	2,100.			2,100.	1,628.		210.
50	KITCHEN FLOORING	082108	SL	27.50	17	1,500.			1,500.	295.		55.
66	COFFEY - FLOORING	123010	SL	27.50	17	4,513.			4,513.	499.		164.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
79	CARPETING	041111	SL	27.50	17	4,585.			4,585.	452.		167.
80	REBUILD FRONT STEPS	051911	SL	27.50	17	500.			500.	47.		18.
	BATHROOM											
81	RENOVATIONS	123111	SL	27.50	17	5,281.			5,281.	392.		192.
94	SMOKE DETECTORS	060112	SL	5.00	16	2,750.			2,750.	871.		550.
	UPSTAIRS											
95	BATHROOM/LR SHEETRO	061212	SL	27.50	16	1,225.			1,225.	71.		45.
96	COMPRESSOR	080912	SL	10.00	16	1,500.			1,500.	213.		150.
97	VINYL FLOORING	080112	SL	10.00	16	800.			800.	113.		80.
98	VINYL FLOORING	053112	SL	10.00	16	961.			961.	152.		96.
127	COFFEY - GENERATOR	092413	SL	15.00	16	11,360.			11,360.	189.		757.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					549,968.		0.	549,968.	286,327.	0.	15,334.
	LAND											
	212 SOUTH STREET											
35	LAND	060194	L			146,900.			146,900.			0.
	* 990 PAGE 10 TOTAL											
	LAND					146,900.		0.	146,900.	0.	0.	0.
	* 990 PAGE 10 TOTAL											
	-					696,868.		0.	696,868.	286,327.	0.	15,334.
	BUILDINGS											
	LAUREL HOUSE											
11	PURCHASE	013198	SL	39.00	17	262,994.			262,994.	107,617.		6,743.
	LH KITCHEN											
12	RENOVATION	102599	SL	27.50	17	14,973.			14,973.	7,729.		544.
13	LH RENOVATIONS	073199	SL	27.50	17	32,418.			32,418.	17,046.		1,179.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
14	BUILDING REPAIRS	060100	SL	39.00	17	3,827.			3,827.	1,327.		98.
15	BATHROOM RENOVATION	111201	SL	39.00	17	8,052.			8,052.	2,498.		206.
16	IMPROVEMENTS-LAUREL	051502	SL	39.00	17	10,430.			10,430.	3,104.		267.
17	NEW ROOF-LAUREL	103003	SL	27.50	17	21,910.			21,910.	8,136.		797.
18	A/CS BOILERS-LAUREL	103003	SL	10.00	17	15,828.			15,828.	15,828.		0.
19	A/C LAUREL	103003	SL	10.00	17	25,119.			25,119.	25,119.		0.
20	WINDOWS/HV PUMP LAUREN	120604	SL	10.00	17	3,776.			3,776.	3,449.		327.
21	WATER HEATERS LAUREL HOUSE	113004	SL	10.00	17	3,661.			3,661.	3,340.		321.
40	BATHROOM RENOVATION	060106	SL	39.00	17	4,850.			4,850.	956.		124.
48	LOWER ROOF	021507	SL	27.50	17	2,900.			2,900.	722.		105.
51	CONCRETE SLAB	050108	SL	27.50	17	2,500.			2,500.	512.		91.
52	WINDOWS - LAUREL HOUSE	042308	SL	20.00	17	800.			800.	620.		40.
53	KITCHEN FLOORING AND CEILING TILES	120208	SL	27.50	17	8,450.			8,450.	1,548.		307.
67	LAUREL - ROOF REPAIR	032510	SL	27.50	17	2,000.			2,000.	277.		73.
68	LAUREL - HOT WATER HEATER	032510	SL	10.00	17	1,200.			1,200.	420.		120.
69	LAUREL - VINYL FLOORING	042310	SL	27.50	17	805.			805.	108.		29.
82	CARPETING	060111	SL	27.50	17	3,810.			3,810.	353.		139.
83	3 NEW FAUCETS AND WALL HUNG SINK	050311	SL	27.50	17	1,050.			1,050.	100.		38.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
84	INTERIOR PAINTING	052511	SL	17.50	16	5,240.			5,240.	501.		299.
99	VINYL WINDOWS AND DOORS	032112	SL	17.50	16	3,200.			3,200.	203.		183.
101	POWER ASSISTED COMMODE	082112	SL	10.00	16	550.			550.	73.		55.
102	SECURITY CAMERA	090812	SL	10.00	16	337.			337.	45.		34.
103	RUBBER ROOF CERAMIC TILE	081512	SL	27.50	16	1,800.			1,800.	92.		65.
122	INSTALL	091212	SL	10.00	17	1,060.			1,060.	159.		106.
123	WORK DONE FOR INSPECTION	050312	SL	10.00	17	1,520.			1,520.	228.		152.
130	LAUREL - GENERATOR	110113	SL	15.00	16	10,974.			10,974.	122.		732.
131	LAUREL - SINK AND SHOWERS	071013	SL	15.00	16	1,250.			1,250.	42.		83.
136	LIGHTING AND FIXTURES	102213	SL	15.00	16	415.			415.	5.		28.
137	TOILET	101113	SL	15.00	16	750.			750.	13.		50.
138	SPRINKLER PIPING	123113	SL	15.00	16	1,150.			1,150.			77.
145	LH CEILING AND FLOORING TILES	032014	SL	10.00	16	8,100.			8,100.			608.
146	LH FLOORING 2ND BATHROOM	050114	SL	10.00	16	2,191.			2,191.			146.
147	LH HIGH VELOCITY AC	092614	SL	10.00	16	7,850.			7,850.			196.
	* 990 PAGE 10 TOTAL BUILDINGS					477,740.		0.	477,740.	202,292.	0.	14,362.
	LAND											
36	LAUREL LAND	120197	L			28,500.			28,500.			0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL LAND					28,500.		0.	28,500.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					506,240.		0.	506,240.	202,292.	0.	14,362.
	BUILDINGS											
22	RIVER STREET BUILDING	060195	SL	39.00	17	86,899.			86,899.	48,431.		2,228.
23	RIVER STREET IMPROVEMENTS	060195	SL	39.00	17	21,035.			21,035.	11,638.		539.
24	RIVER STREET IMPROVEMENTS	060196	SL	39.00	17	13,739.			13,739.	6,506.		352.
25	WASHER/DRYER 119 RIVER ST	052798	SL	5.00	17	1,316.			1,316.	1,316.		0.
38	BATHROOM RENOVATION BUILDING	060106	SL	39.00	17	7,930.			7,930.	1,565.		203.
42	IMPROVEMENTS	083107	SL	27.50	17	2,808.			2,808.	650.		102.
43	ELECTRICAL WORK	100907	SL	27.50	17	10,900.			10,900.	2,459.		396.
104	DECK FACING AND DOOR FRAMES	061212	SL	27.50	16	925.			925.	54.		34.
105	CABINETS AND VANITY	030912	SL	27.50	16	1,025.			1,025.	68.		37.
106	FLOOR CHANNEL SUMP PUMP	080312	SL	10.00	16	900.			900.	128.		90.
	* 990 PAGE 10 TOTAL BUILDINGS					147,477.		0.	147,477.	72,815.	0.	3,981.
	LAND											
37	RIVER STREET LAND	060195	L			25,000.			25,000.			0.
	* 990 PAGE 10 TOTAL LAND					25,000.		0.	25,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					172,477.		0.	172,477.	72,815.	0.	3,981.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
26	12 BAY AVE KEANSBURG	062405	SL	27.50	17	581,057.			581,057.	180,477.		21,129.
44	ELECTRICAL WORK KEANSBURG -	100407	SL	27.50	17	7,900.			7,900.	1,782.		287.
70	TANKLESS WATER HEAT	043010	SL	10.00	17	2,520.			2,520.	882.		252.
108	COUNTER SINK FAUCET KEANSBURG -	080112	SL	27.50	16	1,200.			1,200.	62.		44.
128	FLOORING	050213	SL	15.00	16	1,320.			1,320.	59.		88.
139	HVAC PIPING	051513	SL	15.00	16	1,875.			1,875.	83.		125.
148	KB IMPROVEMENTS	120114	SL	27.50	16	2,255.			2,255.			8.
	* 990 PAGE 10 TOTAL BUILDINGS					598,127.		0.	598,127.	183,345.	0.	21,933.
	LAND											
34	KEANSBURG LAND	062405	L			29,400.			29,400.			0.
	* 990 PAGE 10 TOTAL LAND					29,400.		0.	29,400.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					627,527.		0.	627,527.	183,345.	0.	21,933.
	BUILDINGS											
57	306 CAPSTAN AVENUE - BUILDING	111908	SL	27.50	17	203,272.			203,272.	37,884.		7,392.
58	BEACHWOOD - CAPITAL IMPROVEMENTS - CAR	012309	SL	27.50	17	1,168.			1,168.	207.		42.
60	ACQUISITION COST - SECURITY AGREEMENT	042709	SL	27.50	17	70.			70.	14.		3.
61	GAS FURNACE - BEACHWOOD	071609	SL	10.00	17	5,650.			5,650.	2,495.		565.



2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
62	ROOF - FRONT STEP - BEACHWOOD	110309	SL	27.50	17	895.			895.	137.		33.
71	BEACHWOOD - NEW ROOM	012510	SL	27.50	17	2,500.			2,500.	360.		91.
72	BEACHWOOD - HOT WATER HEATERS	031510	SL	27.50	17	3,000.			3,000.	413.		109.
87	LEASEHOLD IMPROVEMENTS	121511	SL	27.50	17	2,100.			2,100.	155.		76.
109	SMITH POWER SHOT WATER HEATER	080912	SL	10.00	16	1,500.			1,500.	213.		150.
110	BASE CABINETS AND COUNTER TOP	080912	SL	10.00	16	1,650.			1,650.	85.		165.
125	MALLEY - FLOORING	050913	SL	10.00	16	2,900.			2,900.	193.		290.
126	MALLEY - FENSING	081913	SL	15.00	16	2,340.			2,340.	52.		156.
149	MH CABINETS	050114	SL	15.00	16	1,200.			1,200.			53.
	* 990 PAGE 10 TOTAL BUILDINGS					228,245.		0.	228,245.	42,208.	0.	9,125.
	LAND											
55	306 CAPSTAN AVENUE - LAND	111908	L			125,000.			125,000.			0.
	* 990 PAGE 10 TOTAL LAND					125,000.		0.	125,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					353,245.		0.	353,245.	42,208.	0.	9,125.
	BUILDINGS											
56	305/307 CAPSTAN AVENUE	083108	NC	27.50		8,936.			8,936.			0.
65	305/307 - ACQUISITION COST	123109	NC	27.50		37,588.			37,588.			0.
78	305/307 CAPSTAN AVENUE ACQUISITION	121510	NC	27.50		10,113.			10,113.			0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
85	LEGAL SERVICES	050311	NC	27.50		963.			963.			0.
86	ZONING, APPLICATION, LITIGATION DEVELO	090211	NC	27.50		2,935.			2,935.			0.
93	PREDEVELOPMENT COSTS	101211	NC	27.50		2,344.			2,344.			0.
100	PREDEVELOPMENT COSTS	112712	NC	27.50		15,250.			15,250.			0.
111	PREDEVELOPMENT COSTS	091812	NC	27.50		7,665.			7,665.			0.
118	PREDEVELOPMENT COSTS	053112	NC	27.50		2,260.			2,260.			0.
124	CAP II - PREDEVELOPMENT COST	010114	NC	27.50		7,576.			7,576.			0.
150	CAP II - PREDEVELOPMENT COST	123114	NC	27.50		853,512.			853,512.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					949,142.		0.	949,142.	0.	0.	0.
	LAND											
151	CAP II - LAND	042914	L			170,500.			170,500.			0.
	* 990 PAGE 10 TOTAL LAND					170,500.		0.	170,500.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					1119642.		0.	1119642.	0.	0.	0.
	FURNITURE & FIXTURES											
27	FURNITURE	060195	SL	10.00	17	2,663.			2,663.	2,663.		0.
28	FURNITURE	060196	SL	10.00	17	6,270.			6,270.	6,270.		0.
29	OFFICE FURNITURE	060998	SL	5.00	17	400.			400.	400.		0.
30	FORTUNA ENT.-STOVE	010599	SL	10.00	17	1,925.			1,925.	1,925.		0.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
31	WALTS FURNITURE-BEDDING	081299	SL	10.00	17	600.			600.	600.		0.
32	48" RANGE	092099	SL	10.00	17	4,673.			4,673.	4,673.		0.
33	FURNITURE	020502	200DB	7.00	17	899.			899.	899.		0.
54	REFRIGERATOR - LAUREL HOUSE	102408	SL	10.00	17	655.			655.	509.		66.
59	HOTPOINT RANGE	012509	SL	10.00	17	400.			400.	197.		40.
63	DRYER - LAUREL HOUSE	122109	SL	10.00	17	599.			599.	240.		60.
73	REFRIGERANT AIR HANDLER	060810	SL	10.00	17	2,300.			2,300.	805.		230.
74	KITCHEN AID COMPACTOR	072310	SL	10.00	17	679.			679.	238.		68.
75	WHIRLPOOL WASHER	072310	SL	10.00	17	849.			849.	297.		85.
76	KITCHEN AID COMPACTOR	091610	SL	10.00	17	679.			679.	238.		68.
77	HOBART DISHWASHER	101210	SL	10.00	17	4,558.			4,558.	1,596.		456.
88	MILITARY BEDS LH	032211	SL	5.00	17	6,942.			6,942.	3,470.		1,388.
89	MILITARY BEDS CR	032211	SL	5.00	17	4,707.			4,707.	2,353.		941.
90	LOWES CR	122911	SL	5.00	17	494.			494.	247.		99.
91	WP GAS RANGE WFG361LVB	122911	SL	5.00	17	449.			449.	225.		90.
92	REFRIGERATOR	081611	SL	5.00	17	460.			460.	230.		92.
107	WHIRLPOOL TOP WASHER LH	051812	SL	10.00	16	780.			780.	124.		78.
112	VIKING 48" RANGE CR	051912	SL	10.00	16	7,995.			7,995.	1,266.		800.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
113	AC UNIT KB	070312	SL	10.00	16	558.			558.	84.		56.
114	GE REFRIGERATOR KB	021712	SL	10.00	16	492.			492.	90.		49.
115	WHIRLPOOL REFRIGERATOR	080112	SL	10.00	16	385.			385.	55.		39.
133	WHIRLPOOL GAS DRYER	021513	SL	10.00	16	532.			532.	49.		53.
134	LAWNMOWER	081413	SL	10.00	16	399.			399.	17.		40.
135	AC UNIT	081413	SL	10.00	16	219.			219.	9.		22.
141	AP02 ROBIN HOOD FURNITURE	030713	SL	7.00	17	370.			370.	26.		53.
142	AP11A ROBIN HOOD FURNITURE	080113	SL	7.00	17	10,478.			10,478.	748.		1,497.
143	AP11B ROBIN HOOD FURNITURE	090113	SL	7.00	17	10,627.			10,627.	759.		1,518.
144	KEANSBURG ROBIN HOOD FURNITURE	043013	SL	7.00	17	8,330.			8,330.	595.		1,190.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					82,366.		0.	82,366.	31,897.	0.	9,078.
	* 990 PAGE 10 TOTAL					82,366.		0.	82,366.	31,897.	0.	9,078.
	MACHINERY & EQUIPMENT											
45	COMPUTER	042607	SL	5.00	17	480.			480.	480.		0.
64	DELL COMPUTER	122209	SL	5.00	17	605.			605.	484.		121.
116	SONY VAIO NOTEBOOK	081212	SL	5.00	16	600.			600.	170.		120.
117	DELL NOTEBOOK AMD REFURBISHED	032212	SL	5.00	16	662.			662.	231.		132.
119	DESKTOP	011012	SL	5.00	16	230.			230.	92.		46.

2014 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - HABCORE, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
121	DONOR PERFECT	082112	SL	3.00	16	5,562.			5,562.	2,472.		1,854.
132	DELL COMPUTER	123113	SL	5.00	16	1,145.			1,145.			229.
140	HP COMPUTER	102413	SL	5.00	16	420.			420.	14.		84.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					9,704.		0.	9,704.	3,943.	0.	2,586.
	* 990 PAGE 10 TOTAL					9,704.		0.	9,704.	3,943.	0.	2,586.
	BUILDINGS											
120	SHORE CREED PREDEVELOPMENT	123112	NC	27.50		600.			600.			0.
	* 990 PAGE 10 TOTAL BUILDINGS					600.		0.	600.	0.	0.	0.
	* 990 PAGE 10 TOTAL					600.		0.	600.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					3568669.		0.	3568669.	822,827.	0.	76,399.

# TAX RETURN FILING INSTRUCTIONS

NEW JERSEY FORM CRI-300R

FOR THE YEAR ENDING

December 31, 2014

<b>Prepared for</b>	Habcore, Inc. Po Box 2361 Red Bank, NJ 07701
<b>Prepared by</b>	The Curchin Group, LLC 200 Schulz Dr, Ste 400 Red Bank, NJ 07701-6745
<b>Mail tax return to</b>	New Jersey Division of Consumer Affairs Charities Registration & Investigation P.O. Box 45021 Newark, NJ 07101
<b>Return must be mailed on or before</b>	December 31, 2015
<b>Special Instructions</b>	No payment required.

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-300R**  
**Long-Form Renewal Registration/Verification Statement**  
(Revised April 2008)

**All questions must be answered.**

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2014  
month day year

2. Federal ID Number (EIN) 52-1596165 2a. N.J. Charities Registration Number: CH- 04027

3. Full legal name of the registering organization: HABCORE, INC.  
In care of: (if necessary, otherwise leave this line blank) FRED GERSTEN

4. Mailing Address: PO BOX 2361, RED BANK, NJ 07701  Change of Address  
Street Address City State ZIP Code

*NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.*

5. The principal street address of the registering organization 740 BROAD ST. SUITE 6 SHREWSBURY NJ 07702,  
 Same as Mailing Address  
Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above?  Yes  No  
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.  
FRED GERSTEN,  
Contact person Street address City State ZIP Code  
732-544-1975 732-676-6118  
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:  
732-544-1975 732-676-6118  
Telephone number (include area code) Fax number (include area code)  
WWW.HABCORE.ORG  
E-mail address Web site

8. Type of organization (check one):  
 Nonprofit corporation  Foundation  Individual  Association  Society  
 Partnership  Trust  Other (Specify) \_\_\_\_\_

9. Where and when was the organization legally established? Date: 09/23/1988 State: NJ

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form?  Yes  No  
If "Yes," indicate all of the other names used: \_\_\_\_\_

11. Does the organization intend to solicit contributions from the general public?  Yes  No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions?  Yes  No  
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.  
\_\_\_\_\_  
\_\_\_\_\_

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey?  Yes  No  
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.  
HABCORE IS A NON-PROFIT CORPORATION ORGANIZED AND OPERATED  
EXCLUSIVELY FOR CHARITABLE PURPOSES WHICH INCLUDE: UNDERTAKING,  
ENCOURAGING AND SUPPORTING THE CONSTRUCTION, REHABILITATION AND  
OPERATION OF HOMES & SHELTERS FOR HOMELESS PERSONS WITH LOW INCOME.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.  
\_\_\_\_\_  
\_\_\_\_\_

SEE STATEMENT 1

15. Does the organization use an independent paid fund-raiser or fund-raising counsel?  Yes  No  
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds?  Yes  No  
If "Yes," please describe the situation.  
\_\_\_\_\_  
\_\_\_\_\_

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported?  Yes  No  
If "Yes," please explain: \_\_\_\_\_

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)?  Yes  No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed.  Yes  No

b. Has a tax exemption been granted under another I.R.S. code?  Yes  No  
If "Yes," advise which one: \_\_\_\_\_

c. Has an I.R.S. tax exemption been refused, changed or revoked?  Yes  No  
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.



18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity?  Yes  No  
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer?  Yes  No  
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction?  Yes  No  
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.  Yes  No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets.  Yes  No  
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

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23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
<b>SEE STATEMENT 2</b>				

# CRI-300R Long-Form Registration Renewal Financial Statement

**Note:** If the financial value of a line item = 0, place a zero in the space provided.  
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: <u>HABCORE, INC.</u>				
Fiscal year-end being reported: <u>12/31/2014</u>		Federal ID Number (EIN) <u>52-1596165</u>		
month day year				
Mailing address: <u>PO BOX 2361, RED BANK, NJ 07701</u>				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP Code
Street address of the registering organization: <u>740 BROAD ST. SUITE 6 SHREWSBURY NJ 07702,</u>				
Street Address	City	State	ZIP Code	
New Jersey Charities Registration number: CH <u>04027</u>		Telephone number: <u>732-544-1975</u>		
		(include area code)		

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

## A. Receipts

Line A1a. Direct Public Support received from the following sources:

- |      |   |  |
|------|---|--|
| (1)  | Direct mail .....   |  |
| (2)  | Telephone solicitation .....  |  |
| (3)  | Commercial co-venture .....   |  |
| (4)  | Gross receipts from fund-raising events .....                       |  |
| (5)  | Canisters, counter cards, door to door etc .....                    |  |
| (6)  | Corporations and other businesses .....                             |  |
| (7)  | Foundations and trusts .....  |  |
| (8)  | Donated land, buildings, property, equipment<br>and materials ..... |  |
| (9)  | Legacies and bequests .....   |  |
| (10) | Membership dues solely resulting from<br>solicitations .....        |  |
| (11) | Other support (specify) .....                                       |  |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) .....

Line A1c. Indirect Public Support received from the following sources:

- |     |  |  |
|-----|--|--|
| (1) | Federated fund-raising organization .....    |  |
| (2) | From an affiliated organization .....        |  |
| (3) | From another fund-raising organization ..... |  |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)) .....

**Line A1e. Total Gross Contributions** (add lines A1b and A1d) .....

Line A2. Government grants including purchase of service contracts (specify agency)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

Line A2e. Total Government Grants (add lines 2a thru 2d) \_\_\_\_\_

Line A3. Other Support

a. Bona fide membership \_\_\_\_\_

b. Program service revenue \_\_\_\_\_

c. Professional services rendered by volunteers \_\_\_\_\_

d. Miscellaneous income (specify) \_\_\_\_\_

Line A3e. Total Other Support (add the total of lines A3a thru A3d) \_\_\_\_\_

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) \_\_\_\_\_

**B. Expenses**

Line B1. Program expenses \_\_\_\_\_

Line B2. Management and general expenses \_\_\_\_\_

Line B3. Fund-raising expenses \_\_\_\_\_

Line B4. Payments to state/national affiliates (if applicable) \_\_\_\_\_

Line B5. Total Expenses (add the totals of line B1 thru B4) \_\_\_\_\_

**C. Excess or Deficit**

For the fiscal year-end (subtract line B5 from line A4) \_\_\_\_\_

**D. Fund Balance**

Line D1. Net assets or fund balances at beginning of year \_\_\_\_\_

Line D2. Other changes in net assets or fund balances (attach explanation) \_\_\_\_\_

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) \_\_\_\_\_

**Please Note:** The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement  
Form CRI-300RC  
Confidential Information**

Organization's Name: HABCORE, INC.

N.J. Charities Registration Number: CH- 04027 -00

Federal ID Number (EIN) 52-1596165

Fiscal Year-End being reported: 12/31/2014  
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other?  Yes  No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization?  Yes  No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization?  Yes  No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization?  Yes  No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

---

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

---

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Name FRED GERSTEN Title TREASURER Date \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.*

---

**Note: Form CRI-300RC must be filed with Form CRI-300R.**

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FORM CRI-300R

SPECIFIC PROGRAMS AND CHARITABLE PURPOSES  
PAGE 2, LINE 14A

STATEMENT 1

---

PROGRAMS/CHARITABLE PURPOSE

ALREADY EXISTS-TO PROVIDE SHELTERS, HOMESTEADS AND OTHER FACILITIES  
-FOR HOMELESS PERSONS WITH LOW INCOME AND/OR PERSONS  
-WHO ARE OTHERWISE UNABLE TO CARE FOR THEMSELVES

---

FORM CRI-300R

LIST OF OFFICERS, DIRECTORS, TRUSTEES  
AND FIVE MOST HIGHLY PAID EMPLOYEES

STATEMENT 2

---

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

SEE FEDERAL FORM 990 ATTACHED

ADDRESS

SALARY

---

**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Office of Consumer Protection  
Charities Registration Section  
124 Halsey Street, 7th Floor, P.O. Box 45021  
Newark, NJ 07101  
(973) 504-6215

**Form CRI-400**

(Revised April 2008)

**Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization**

**All questions must be answered.**

**Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.**  
*Carefully review the attached instructions before completing and submitting this form.*

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/14 Date of this application: 06/17/15 N.J. Charities Registration Number: CH- 04027

Charity's Full Legal Name: HABCORE, INC.

Other Names Used (d.b.a.) \_\_\_\_\_

**Mailing Address:**

PO BOX 2361, RED BANK, NJ 07701

In care of: Address City State ZIP Code

**Street Address:**

740 BROAD ST. SUITE 6 SHREWSBURY NJ 07702,

Street Address City State ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: FRED GERSTEN Phone Number: 732-544-1975  
(include area code)

E-mail: \_\_\_\_\_ Federal Tax ID (EIN): 52-1596165

Web site: WWW.HABCORE.ORG Fax Number: 732-676-6118  
(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE AUDIT AND  
RENEWAL REGISTRATION

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application?  Yes  No  
*If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.*
3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?  Yes  No
4. Has the organization previously filed an initial registration with the Charities Registration Section?  Yes  No  
*If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.*
5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.
- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
  - All of the questions on this application have been answered.
  - The charity has filed all previous renewal registrations and required documents.
  - The charity has paid all previous years' fees and penalties owed to the Division.
  - Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature \_\_\_\_\_ Title TREASURER Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*This form must be signed by at least one (1) officer of the charity.*

*Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.*