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Short Form

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning JUNE 4, 2013, and ending DECEMBER 31, 20 13

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE BRADDOCK INCLUSION PROJECT | | D Employer identification number 47-2995974 |
| | Number and street (or P O box, if mail is not delivered to street address) Room/suite 1720 GRANDVIEW AVE | | E Telephone number (412) 628-7531 |
| | City or town, state or province, country, and ZIP or foreign postal code BRADDOCK PA 15104-3012 | | F Group Exemption Number ▶ |
| | | | |

G Accounting Method Cash Accrual Other (specify) ▶ _____ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ _____

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|-------|--------|----|----|----|----|----|----|----|----|----|----|----|----|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | 1,300 | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | 970 | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | 2,270 | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | -2,270 | | | | | | | | | | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | 0 | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | -2,270 | | | | | | | | | | | | |

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Yes No [X] Yes [] No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI []

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No [] Yes [X] No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No [] Yes [X] No
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No [] Yes [X] No
b If "Yes," was the related organization a section 527 organization? 49b Yes No [] Yes [X] No
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. All rows contain 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain 'NONE'.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A [] Yes [X] No

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

Sign Here Signature of officer: [Signature] Date: 10.24.2015
ISAAC BUNN PRESIDENT Type or print name and title: [Signature] Date: 10.24.2015

Paid Preparer Use Only Print/Type preparer's name: RUTH CHELLMAN Preparer's signature: [Signature] Date: 10/24/2015 Check [] if self-employed PTIN: P00029616
Firm's name: HRB TAX GROUP INC Firm's EIN: 431871840
Firm's address: 355 LINCOLN HWY, NORTH VERSAILLES, PA 15137 Phone no: 412-829-8184

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2013

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Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

THE BRADDOCK INCLUSION PROJECT

47-2995974

ATTACHMENT #1 - 990-EZ - PAGE 2, PART III

ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES. IT IS THE MISSION, DUTY, AND PURPOSE TO ADDRESS, EDUCATE, COORDINATE, AND PROVIDE ON A LOCAL AND GLOBAL LEVEL, HOPE, SUSTAINABLE ECONOMIC SOLUTIONS AND ACCESS TO BASIC HUMAN RESOURCES NEEDED TO SURVIVE FOR THOSE WHO ARE SUFFERING AND BEING SUBJECT TO SEVERE SOCIAL STRUCTURAL INJUSTICE AND ECONOMIC INEQUALITY ON A DAILY BASIS. THIS ORGANIZATION IS HELPING THE UNDERSERVED AND NEGLECTED RESIDENTS OF THE COMMUNITY.

PAGE 1 - NO INCOME 0 - EXPENSES LISTED:

PROFESSIONAL FEES (ORGANIZATIONAL PAPERWORK) 1,300

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