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SCAMME MAY 07 2000

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

		of the Treasury nue Service		assets less ( ► The organization may h		at the end of the year i by of this return to satis			nents		Insp	pection	
$\overline{}$			ar year,	or tax year beginning		Jan 1	<del></del>	and ending		Dec 31		, 20 09	
В	Check if	applicable	Please	C Name of organization		<del>_</del> _						n number	
	Address	s change	use IRS label or	Cycle Wyoming						-	2-064584		
=	Name c	-	print or	Number and street (or P C	box, if mail is r	not delivered to street a	delivered to street address) Room/suite E				E Telephone number		
=	Initial re Termina	ted See 1116 Albin St.								30	7-742-584	40	
Ħ		Specific led return City or town, state or country, and ZIP + 4 F Gro									notion		
ŏ		tion pending	tions.	Laramie, WY 82072						ber 🕨	•		
	• Se	ction 501(c)(3)	organiz	ations and 4947(a)(1) n	onexempt ch	aritable trusts mus	t attach	G Acco	untina Me	ethod	✓ Cast	h Accrual	
				npleted Schedule A (Fo					(specify)				
											rganizatio	on is <b>not</b>	
1 7	Webs	ite: ► www	.cyclew	yoming.org							-	(Form 990,	
J .	Тах-е	cempt status (	check or	nly one) — 🗸 501(c) (	3 ) ◀ (insert r	no ) 4947(a)(1) o	r 🔲 52	<del></del>	Z, or 990			,	
ĸ	Check	▶ ☐ if th	e organiz	zation is not a section 50	)9(a)(3) support	ing organization and	l its gross	receipts are	normally	not mo	re than \$	25.000 A	
	Form			turn is not required, but									
L	Add lin	es 5b, 6b, and 7	b, to line	9 to determine gross rec	eipts; if \$500,00	00 or more, file Form	990 ınstea	ad of Form 990	)-EZ ▶	\$			
P	art I	Revenu	е, Ехр	enses, and Chang	es in Net A	ssets or Fund	Balanc	es (See the	instru	ctions	for Par	rt I.)	
	1	Contribution	ns, gift	s, grants, and similar	amounts rec	eived				1	_	850	
	2	Program s	ervice r	evenue including gov	ernment fees	and contracts			[	2		0	
	3	Membersh	ip dues	and assessments.					[	3		0	
	4	Investment	incom	e					[	4		2121.25	
	5a	Gross amo	unt fro	m sale of assets other	r than invento	ory	5a		0				
	l b	Less: cost	or othe	r basis and sales exp	enses		5b		0				
4	c	Gain or (los	ss) from	sale of assets other	than inventor	y (Subtract line 51	o from li	ne 5a)		5c		0	
ğ	6	- , , , , , , , , , , , , , , , , , , ,											
Revenue	a	Gross reve	nue (no	ot including \$	850	of contributions							
æ		reported of	n line 1)	)			6a	9	3230.42	- 1			
	b	Less: direc	t exper	nses other than fundra	aising expens	ses	6b	7.	4118.43				
	c	Net income	e or (los	ss) from special events	s and activitie	es (Subtract line 6	b from ļ	ine 6a)	,	6c		19111.99	
	7a	Gross sale	s of inv	entory, less returns ar	nd allowance	s	7a		00				
	b								0				
	C	, ( , · · · · · · · · · · · · · ·								7c		0	
	8	Other reve	•			<del></del>			)	8		0	
	9			dd lines 1, 2, 3, 4, 5c,				<u> </u>	. ▶	9		22083.24	
	10	Grants and	l sımı <del>lar</del>	-amounts paid (attach	ਸ schedule)					10		15,000.00	
	11	10)1								11		0	
penses	12	Salaries, of	her co	mpensation, and emp	loyeelbenefit	S				12		0	
ē	13	Profession	al fees	and other payments of	o independer	nt contractors .			٠٠ - ١	13		0	
Exp	14	Occupancy	, rent	utilities, and maintena	ance K					14		0	
لك	15	Printing, pt	DOICATIO	ons, postage, and ship lescribe	pping .					15		2679.44	
	16									16		3678.11	
_	17	Types of	nses. A	Add lines-10 through for the year (Subtract	10		<u> </u>	· · · ·	. •	17		18678.11	
Net Assets	18			d balances at beginn		,				18		3405.13	
SS	'3			reported on prior year						40		67 200 45	
Ā	20									19 20		67,209.15	
Š	20		-	net assets or fund bal I balances at end of y						21		70,614.28	
•	21 art I			ts. If Total assets on							d of Form		
للج	CHE II	Jaiano		(See the instruction			555 OI 1		inning of			nd of year	
22	, ,	ach covince	and in	vestments	•					9.15		70,614.28	
23		-		vesiments					37,20	0 2		70,014.20	
24			-	e ▶				<del></del>		0 2			
25		otal assets .							67 20	9.15		70,614.28	
26		otal liabilitie:						`,		0 2		0	
27	 7 N	let assets or	fund b	alances (line 27 of co	olumn (B) mu	st agree with line	21) .	-'	67.20	9.15		70,614.28	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)

r Omm s	930-22 (2003)			_		raye Z						
Par		·		l.)		Expenses						
What	t is the organization's primary exempt purpose?	to promote cycling safety a	nd fitness	<u> </u>	(Requ	ured for section						
	ribe what was achieved in carrying out the org				organ	(3) and 501(c)(4)						
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		(a)(1) trusts; optional						
	program title.				for ot	hers.)						
28	Conducted the Tour de Wyoming bicycle tour to pro	mote safe cycling and fitness	s									
	A cycling event with 350 riders and 30 volunteers go	ing across Wyoming										
					28a							
	(Grants \$ ) If this amount includes foreign grants, check here ▶ □											
29	29 Provided funding for resurfacing of the Medicine Bow Rail-Trail in the Medicine Bow National Forest											
		includes foreign grants, ch		▶ ⊔	29a	15,000.00						
30	Attended the National Bicycle Tour Director's Association on the Board of Directors for the NBTD		our operations									
	Participation in the National Bicycle Rally	<u> </u>										
		includes foreign grants, ch	ook boro		30a	2,726.21						
31		includes foreign grants, ch			304	2,720.21						
31	, ,	includes foreign grants, ch		· · · · · · · · · · · · · · · · · · ·	31a							
32	Total program service expenses (add lines 28a	through 31a)	· · · · · · ·	•	32	91,844.64						
Pari		/ Employees. List each one e	ven if not compensa	ited. (See the								
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense						
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances						
Amb	er Travsky		· ·	·								
1116	Albin St., Laramie, WY	Chair/Finance; 5-12 hrs										
Rich	ard Vincent	Vice Chain 4 ha										
2107	Spring Creek; Laramie, WY	Vice Chair; 1 hr										
Keith	n Koenig	Secretary; 0.5 hr										
1425	Sunny Hill Dr., Cheyenne, WY	Secretary, 0.5 in										
Case	ey Wood	At-large; 0.5 hr										
	S. 12th, Laramie, WY			ļ <del></del>								
	Riedel	At-Large; 0.5 hr		1								
908 \$	Sanders, Laramie, WY											
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	0-EZ (2009) ·		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		W	- NI -
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No ✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b		1
	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 period covered by this return?	38a		<b>→</b>
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		<b>✓</b>
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>√</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Amber Travsky  Located at ▶ 1116 Albin St., Laramie, WY  Telephone no. ▶  ZIP + 4 ▶		2-5840 072	0 
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		<b>√</b>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
45	Form 990-EZ	44		1
	165, 1 OIIII 330 IIIU31 DE COMPIETEU MATERU OI I OIIII 330°LZ	45		_ ▼

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt chari nd 51.	xempt charitatable trusts m	able trusts only. A ust answer question	II sect	ion –49b	,						
	Did the organization engage in direct or indirect				`	Yes	No						
	candidates for public office? If "Yes," complete				46		1						
	Did the organization engage in lobbying activitie		•		47		<u> </u>						
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E												
	Did the organization make any transfers to an exempt non-charitable related organization?												
	If "Yes," was the related organization a section 527 organization?												
	employees) who each received more than \$100,						з кеу						
		(b) Title and average	(c) Compensation	n (d) Contributions to	(e)	Expens							
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans 8 deferred compensation		ount ar							
-		GOVERGE TO POSITION	<del></del>		Ottion	anowa.	1003						
					ļ								
			]										
f	Total number of other employees paid over \$100	2000	0										
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Com	pensa	tion						
d	Total number of other independent contractors e	each receiving over \$100,00											
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration												
Sign Here	Signature of officer  Amber Travsky,  Type or print name and title	Chairperson		4- //- /C	<u> </u>								
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nui	nber (See	instruct	ions)						
Prepare	I FILL STIGHT L	<del></del>		EIN ▶									
Use Onl	y yours if self-employed), address, and ZIP + 4			Phone no ▶									
May the	IRS discuss this return with the preparer shown	above? See instructions	· ·	<u> ▶ [</u>			lo						
				Fo	m 990	-EZ	(2009)						

## 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. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Cyc	le V	Vyoming							02		0645843	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) S	ee ınstru	ctions.	
		A church, co A school de A hospital o A medical re hospital's na An organizal section 170 A federal, st An organizal described in A communit	ot a private four convention of chu scribed in section a cooperative is esearch organizame, city, and station operated for (b)(1)(A)(iv). (Coate, or local government) is section 170(b) by trust described	idation because it is: rches, or association on 170(b)(1)(A)(ii). (Atthospital service organition operated in conjute: the benefit of a collemplete Part II.) rernment or government or	(For lines of church school sc	s 1 throughes described with a house of the complete	gh 11, cheribed in sections spital de wined or of the control of t	neck only section 1 on 170(b) scribed in operated tion 170(l	one box 70(b)(1)( (1)(A)(iii), n section by a gov b)(1)(A)(v	.) A)(i) 170(b)(1 vernmenta ). It or from	I)(A)(iii). Enter the street of the second o	ın
10		An organization that normally receives: (1) more than 33% % 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% % 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)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11 e	<ul> <li>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 that describes the type of supporting organization and complete lines 11e through 11h.</li> <li>a ☐ Type I</li> <li>b ☐ Type II</li> <li>c ☐ Type III-Functionally integrated</li> <li>d ☐ Type III-Other</li> <li>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section</li> </ul>											
f g	organization, check this box											
		and (iii) b (iii) A family (iiii) A 35% c	pelow, the governmember of a perion to the controlled entity of the con	r indirectly controls, a ning body of the supp rson described in (i) a of a person described	oorted or above? d in (i) or	ganizatio  (ii) above	n? .  .? .	th person	s descri	bed in (ii)	Yes   No   11g(i)     11g(ii)     11g(iii)	<u>-</u>
(i) I		e of supported panization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ines 1-9 in col (i) listed in your section governing document? the organization in col (i) of your		nization in of your	(vi) Is the organization in (i) organized in US?		(vii) Amount of support	_	
					Yes	No	Yes	No	Yes	No		_
												_
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												_
		<del></del>							ļ .	-		_
_	_								ļ. <u> </u>			
			1	i l	1	ı	ı	1	ı	1		

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)( 	1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					_	
4	Total. Add lines 1 through 3						<del> </del>
5	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) Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				_		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		L	<u> </u>	l	ļ	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor		-		on 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u></u> %_
15	Public support percentage from 2008 Scl	nedule A, Part	II, line 14 .			15	<u>%</u>
16a	33%% support test—2009. If the organization qualifies				line 14 is 331/31	% or more, che	eck this box
b	box and stop here. The organization qua	lifies as a publ	icly supported	organization .			▶ □
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circur stances" test	mstances" test, The organization	check this box n qualifies as a	and stop here. publicly suppo	. Explain in Part rted organizatio	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the facts-and-circumstance organization did private foundation. If the organization did	acts-and-circum inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here.</b> cly supported or	Explain in Part ganization .	IV how the
							· —

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.)

~	Complete only if you checke	d the box of	I IIIIe 9 OI Fa	11.)			<del></del>			
	tion A. Public Support			( ) 202						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3875	500	500	800	850	6525			
2	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	48,524	53,068	57,881	49,930	74,118	283,521			
3	Gross receipts from activities that are not an	_		-		-				
3	unrelated trade or business under section 513	0	0	0	0	0	0			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
5	The value of services or facilities									
J	furnished by a governmental unit to the									
	organization without charge	0	0	0	0	0	0			
6	Total. Add lines 1 through 5	52,399	53,568	58,381	50,730	74,968	290,046			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0			
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	o	o	0	0	o	0			
_	amount on line 13 for the year	0	0	0	0	0	0			
с 8	Add lines 7a and 7b									
500	line 6.)						290,046			
Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total										
	llendar year (or fiscal year beginning in)	(a) 2005 <b>52,399</b>	(b) 2006 <b>53,568</b>	58,381	(d) 2008 50,730	(e) 2009 74,968	(f) Total 290,046			
9	Amounts from line 6	52,399	33,306	30,301	50,730	74,900	290,046			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	1 270	4 620	1 6 4 4	2 224	2 424	9.076			
	sources	1,370	1,620	1,641	2,224	2,121	8,976			
b	Unrelated business taxable income (less section 511 taxes) from businesses	0	0	0	0	0	0			
	acquired after June 30, 1975	1,370	1,620	1,641	2,224	2,121	8,976			
	Add lines 10a and 10b	1,570	1,020	1,041	2,224	2,121	0,370			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0			
12	Other income. Do not include gain or									
12	loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0			
13	Total support. (Add lines 9, 10c, 11, and 12)	53,769	55,188	60,022	52,954	77,089	299,022			
14	First five years. If the Form 990 is for toganization, check this box and stop I			id, third, fourth	•		on 501(c)(3)			
Sec	tion C. Computation of Public Sup			<u> </u>						
15	Public support percentage for 2009 (lin			e 13. column	(f))	15	97 %			
16	Public support percentage from 2008 S					16	97 %			
	tion D. Computation of Investmen									
17	Investment income percentage for 2009			by line 13, co	olumn (f))	17	3 %			
18	Investment income percentage from 20	•		•		18	3 %			
						nore than 331/3 <sup>c</sup>	%, and line			
.00	17 is not more than 33% %, check this be	ox and stop he	re. The organi	zation qualifies	as a publicly s	supported orga	inization 🕨 🗹			
b	33\% % support tests – 2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	33½%, and			
20	Private foundation. If the organization									

Schedule A (Fo	rm 990 or 990-EZ) 200	09					Pag	e 4
Part IV	Supplemental	Information.	Complete this Part III, line 12	part to provide any	de the explanational other additional	ons required binformation. S	by Part II, line 16 See instructions.	0;
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