

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

➤ Sponsoning 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

Intern	al Reven	ue Service	<u></u>	The organization may have to	use a copy of this return to satisfy state rep	orting require	ements			mopeodon		
A F	or the	e 2009 calendar year, or tax year beginning , 2009, and ending					, 20					
Вс	heck if ap	oplicable	olicable C Name of organization D Emplo					D Employe	oyer identification number			
A	ddress ch	nange	Please use IRS BIKE TO THE BEACH INC 26						6-1809507			
	lame char	nge	label or print or	Number and street (or P O box, if i	nail is not delivered to street address)	Room	/suite	E Telephon	e nun	nber		
☐ Ir	nitial retur	n	type.									
П Т	eminated	t	See Specific	1328 VERMONT AVE N	TW .			(202	341	L-3552		
	mended r	return	Instruc- tions.	City or town, state or country, and	ZIP + 4	•		F Group Ex	empti	on		
	pplication	pending	ucris.	WASHINGTON, DC 200	05			Number	•			
	• Sec	tion 501(c)(3	organi	izations and 4947(a)(1) nor	exempt charitable trusts must a	attach	G A	ccounting Meth	od.	X Cash Accrual		
			a cor	mpleted Schedule A (Form	990 or 990-EZ).		0	ther (specify)	•			
							H C	heck ► 🏻 🖈	the o	rganization is not		
	Vebsite						re	equired to attac	n Sch	edule B (Form 990,		
								90-EZ, or 990-F				
KC	Check 🕨	If the or	ganızatı	ion is not a section 509(a)(3)	supporting organization and its great	oss receip	ts are no	ormally not mo	e thai	n \$25,000. A		
					organization chooses to file a retur				1	·		
					pts, if \$500,000 or more, file Form				▶ \$	44,099		
Pa	irt I	Revenu	e, Exp	penses, and Changes	in Net Assets or Fund E	Balance	S (See	the instruction	s for F	Part I)		
	1	Contribution	s, gıfts, (grants, and similar amounts i	eceived				1	44,099		
	2				ees and contracts			<u> </u>	2	<u></u>		
	3	Membership	dues ar	nd assessments					3			
⇒	4	Investment i	ncome		• • • • • • • • • • • • • • • • • • • •				4			
n 100					entory	\vdash						
	b	Less cost o	r other b	pasis and sales expenses .		5b			1			
ື R ື e	C	Gain or (loss	s) from s	sale of assets other than inve	ntory (Subtract line 5b from line 5a	1)		<u>.</u> [_	5c			
	6			es (complete applicable parts of Sch		ning, check h	ere 🕨		1			
venu O∩	a			including \$					-			
ે ü e		•				6a						
	l				enses	6b						
<i>,</i> 5	l .				vities (Subtract line 6b from line 6a	r' r		· · · · · _	SC			
					nces		<u> </u>					
:	ם	Less cost of	goods:	sold		7Ь			_			
	C	Gross profit	or (loss)	from sales of inventory (Subsection	otract light Zomom ine 78]		<u> </u>	7c			
	"	Outer teveni	ae (uesc	Tibe -		ļ		——′⊢	8			
	9			d lines 1, 2, 3, 4, 5c, 6c, 7c, a			• • • •		9	44,099		
	10			mounts paid (attach schedult	, , , , , , , , , , , , , , , , , , , ,				10			
E	11	Colorias paid	1 10 OF 10	or members	S. S.				11			
Х Р е	12	Salaries, oth	er comp	pensation, and employee ben	efitsOGDEN; UT				12			
e n	13	i iolessionai	ices aii	id offici payments to indepen	dent contractors			∟	13	·		
s e	14 15							<u> </u>	14 15			
s	16			s, postage, and snipping . scribe > STM130				, F	16	36,675		
	17								17			
	18			 	rom line 9)				18	36,675 7,424		
A	19	•	•	• ,	(from line 27, column (A)) (must ag			···· -	-	/,424		
Ns e e t t	'5				(nom line 27, column (A)) (must a)	_		<u> </u>	9	206		
ťę	20	•	•		tach explanation)				20	306 (1,356)		
s	21	_		·	oine lines 18 through 20			_	21			
Pa	irt II				25, column (B) are \$1,250,000 or r					6,374		
	r 3. ff. l			(See the instructions for Par				Beginning of year	7			
22	Cach	savings and		•			(4)		6 22	(B) End of year 6,374		
23									23	0,3/4		
24		_							24	-		
25								3.0	6 25	6,374		
26		liabilities (de)			26	0,3/2		
27					ust agree with line 21)			30	6 27	6,374		

EEA

Form 990-EZ (2009)

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

Form 990-EZ (2009) BIKE TO THE BEACH IN				8095	07 Page
Part III Statement of Program Service Acco	mplishments (See the	instructions for Part III)	•	Expenses
What is the organization's primary exempt purpose? PROMOTE	CHARITABLE, SOC	AL & EDUC EVEN	TS		ured for section
Describe what was achieved in carrying out the organization's ex	xempt purposes In a clear	and concise			(3) and 501(c)(4)
manner, describe the services provided, the number of persons					izations and sectior (a)(1) trusts, optiona
each program title				for ot	
28 TO PROMOTE CHARITABLE, SOCIAL AND EDUC	ATTONAL EVENTS			1.07 01	
VIABLE WAY OF RUNNING ERRANDS , CUMMUT					
EXERCISING AND STAYING HEALTHY, REDUCT					
(Grants \$) If this amo	28a				
29 NETWORKING AND PUBLIC SERVICE.	- 				
(Grants \$) If this amo	unt includes foreign grants,	check here	▶ 🔲	29a	
30					
		<u></u>			
(Grants \$) If this amo	unt includes foreign grants,	check here	▶ □	30a	
31 Other program services (attach schedule)					
, ,	unt includes foreign grants,	check here		31a	
32 Total program service expenses (add lines 28a through 3				32	
					for Dod NO
Part IV List of Officers, Directors, Trustees, and Key	(b) Title and average	even if not compensate (c) Compensation	(See the instr		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pla	ans &	account and
	devoted to position	enter -0)	deferred compensa	ition	other allowances
BEN DALLEY	CO PRESIDENT				
1328 VERMONT AVE NW WASHINGTON DC, 20005	5	0		0	
TOMMY SCHMITZ	CO PRESIDENT				
5502 PARKSTON AVE NW BETHESDA MD, 20816	5	0		0	(
JOSEPH SCHMITZ	VICE PRESIDENT				
547 4TH STREET SE WASHINGTON DC, 20003	5	0		0	(
Kevin Rapp	Secretary				
6306 WISCONSIN AVE NW, Chenychak MD	5	Ò	9		O
	=				
					<u> </u>
]		
			<u> </u>		
			_		
		-	_		
		•			

Pa	TV Other Information (Note the statement requirements in the instructions for Part V)			3
· · · ·			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	. 33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes · · · · · · · · · · · · · · · · · · ·	. 34		X
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			ĺ
	6033(e) notice, reporting, and proxy tax requirements?	. 35a		X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	. 36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
	Did the organization file Form 1120-POL for this year?	. 37b		X
	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		X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	-	ł	
	Initiation fees and capital contributions included on line 9		l	
	Gross receipts, included on line 9, for public use of club facilities	-	ŧ	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	7	1	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		1	
-	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		Х
c	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,		1	
	4955, and 4958	1		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		Ī	
•	transaction? If "Yes," complete Form 8886-T	40e	İ	X
41	List the states with which a copy of this return is filed		1	
		341-3	552	
	Located at ▶ 1328 VERMONT AVE NW WASHINGTON, DC ZIP+4 ▶ 200			
ь	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		Yes	No
	account)?	42b		X
	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		I	
	and Financial Accounts.		l	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ī	X
_	If "Yes," enter the name of the foreign country:		·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
	The state of the s			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44	ŧ	x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	<u> </u>		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	Ī	X
		Form 99	0-EZ	
	EEA	, 5,		,,

	990-EZ (2009) BIKE TO THE BEACH			26-18		Page 4				
Part			· •	-	All section					
	501(c)(3) organizations and section 4947(a)(1) and complete the tables for lines 50 and 51	nonexempt charitable tru	ists must answer que	stions 46-49b						
46	Did the organization engage in direct or indirect political	al campaign activities on	hehalf of or in opposit	on to	Yes	No				
	candidates for public office? If "Yes," complete Sched	• =			. 46	X				
	Did the organization engage in lobbying activities? If "	•	C, Part II		. 47	X				
	Is the organization a school as described in section 17				. 48	X				
49 a	Did the organization make any transfers to an exempt	non-charitable related or	ganization?		. 49a	X				
b I	If "Yes," was the related organization a section 527 or	ganization?			. 49ъ	X				
	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"									
	employees) who each received more than \$100,000 o									
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expensi account and other allowand	d				
NONE										
					<u> </u>					
	Complete this table for the organization's five highest \$100,000 of compensation from the organization. If the compensation is also and address of each independent contractor paid me	nere is none, enter "None	n	ch received more than	(c) Compensation					
NONE										
		19.111								
d	Total number of other independent contractors each re	eceiving over \$100,000	▶							
Sign Here		ined this return, including accomen of preparer (other than officer)	panying schedules and state is based on all information	ements, and to the best of my knowled which preparer has any knowledge Date	edge e					
	Preparer's 9		Date	salf.	entifying No (See in	.st)				
Paid	signature		06-07-2010	employed ▶ X						
Prepa Use O	Firm's name (or your)	LES TAX SERVICE		EIN						
USE U	address, and ZIP + A GREENBELT,	Y FAIR DRIVE		Phone no ▶ 301-3	45-0101					
May th	ne IRS discuss this return with the preparer shown abo				☐ Yes 🛚	No No				
	and the property of the proper		EEA		Form 990-E 2					

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.

► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

Employer identification number

BIK										809507			
Pa	rt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See instru	ctions				
The	orgar	nization is not a private	e foundation becau	ise it is (For lines 1 thro	ugh 11, ch	eck only or	ne box)						
1		A church, convention	of churches, or as	ssociation of churches d	escribed in	section 1	70(Ь)(1)(A)(i).					
2		A school described in	n section 170(b)(1)(A)(ii). (Attach Schedul	le E)								
3		A hospital or a coope	erative hospital sen	vice organization describ	oed in sect	ion 170(b)	(1)(A)(iii).						
4				ed in conjunction with a				'0(b)(1)(A)(iii). Enter	the hospit	al's name	э,	
		city, and state		•	•					•			
5	П	· ·	ated for the benefit	t of a college or universit	v owned o	r operated	by a gover	nmental u	nıt describe	ed in			•
	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	П	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Н	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•	ш	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	П			170(b)(1)(A)(vi). (Com	nieto Part I	11.3							
9	\boxtimes	•		(1) more than 33 1/3% of	-		tributione	memberel	nın faac ar	nd arnee			
•	KZ		-	empt functions - subject t									
				and unrelated business									
		• • •		30, 1975. See section !				i tax) iioii	i busii lesse	,5			
10				d exclusively to test for p				Y4)					
11	H			d exclusively to test for the ben					rn, out tho				
• •	ш	-	•	-	-				-	action			
				orted organizations desc s the type of supporting o						ection			
			b Typ	_	_	I-Functiona			d d	□ Type	III-Other		
_		= :		_						∟ туре	m-Oulei		
е	لسا		•	organization is not contro						aatian			
		•	_	rs and other than one or	more publi	ciy suppoi	leu organiz	alions des	scribed in s	ection			
_		509(a)(1) or section !		starmination from the IDC	` that it is a	Tuno I Tu	oo II or Tu	no III our	notina				
f				etermination from the IRS					porting				г
_		organization, check t											• • ∟
g			o, nas the organiz	ation accepted any gift of	or contribu	lion from ar	ly of the						
		following persons?		controlo other clans or	. to a a thor	4h	- db	-t (\					T
		•	• •	controls, either alone or	•	vitn person	s described	3 IFT (III)			T	Yes	No
		· ·		of the supported organi							11g(i)	\vdash	
		(ii) A family member		• • •		• • • • •					11g(iı)	 	ļ
				n described in (i) or (ii) a							11 g (iii)	<u> </u>	L
<u>h</u>			ſ	the supported organizat	1		1		T		1		
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization isted in your	(v) Did ye the organi	-	organizati	ls the ion in col		Amount apport	OT
		v		above or IRC section	1	document?	col (i)		(i) organiz	ed in the	Заррон		
				(see instructions)		T	+	port?	+	S?	4		
					Yes	No	Yes	No	Yes	No	ļ		
											<u> </u>		
						ļ	ļ <u>.</u>		 	<u> </u>			
							ļ						
											<u> </u>		
		-											
							<u> </u>						
				,									
Tota	ıl				ļ	}				1	1		

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d)2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2006 (d) 2008 (a) 2005 (c) 2007 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business. activities, whether or not the business is 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 12 Gross receipts from related activities, etc. (see instructions) 13 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 % 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. 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 **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ 🔲 10%-facts-and-circumstances test - 2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include 44,099 30,303 74,402 Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf....... The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 30,303 44,099 74,402 Amounts included on lines 1, 2, and 3 received from disqualified persons **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 . . . c Add lines 7a and 7b Public support (Subtract line 7c from 74,402 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 30,303 44,099 74,402 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) 74,402 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) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 0.00 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 0.00 Investment income percentage from 2008 Schedule A, Part III, line 17 % 33 1/3% support tests - 2009. 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 33 1/3% support tests - 2008. 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 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Federal Supporting	Statements	2009 FEIN
FORM 990EZ, PART I OTHER EXPENSES SCH		
ESCRIPTION SC EXPENSES	<u>AMOUN'</u> 33,	255
PRECIATION OTAL	3, 36,	<u>420</u> 675
FORM 990EZ, PART I	LINE 20	
OTHER CHANGES IN NET AS	SETS SCHEDULE	-
SCRIPTION PRECIATION CHANGES ASSET VALUES	<u>AMOUN</u> (1,	<u>r</u> 356)
TAL	(1,:	356)
TAL	(1,:	<u>356</u>)
TAL	(1,:	<u>356</u>)
TAL	(1,	<u>356</u>)
TAL	(1,	356)
PTAL	(1,	356)
TAL	(1,	356)
TAL TAL	(1,	356)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172

2009

Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates									Identifying number		
BIE	KE TO THE BEACH IN	IC .		FORM 990 - 1					26-1809507		
Pa	t Election To Expens	e Certain Pr	roperty Und	er Sec	tion 17	9					
	Note: If you have any liste						1				
1	Maximum amount See the instruct								1		
2	Total cost of section 179 property g	-							2		
3	Threshold cost of section 179 prop		•	•					3		
4	Reduction in limitation Subtract line	•			-				4	· · · · · · · · · · · · · · · · · · ·	
5	Dollar limitation for tax year Subtra				-0- If ma	rried	filina				
	separately, see instructions						-		5		
	(a) Description of p				usiness use			cted cost		· · · · · · · · · · · · · · · · · · ·	
6				(-)		····,	(5) 2.3				
						_					
7	Listed property Enter the amount f	rom line 29				7					
8	Total elected cost of section 179 pr					<u> </u>			8	·	
9	Tentative deduction Enter the small			• • •					9		
10	Carryover of disallowed deduction								10		
11	Business income limitation Enter ti								11		
12	Section 179 expense deduction Ad								12		
13	•		•			13	 -		12		
	Carryover of disallowed deduction Do not use Part II or Part III below				. •	13				<u> </u>	
	rt II Special Depreciation				ciation	/Da	maë maluda li		<u></u>	(Coo motivations)	
14	······································							stea prop	eny /	(See instructions)	
17	Special depreciation allowance for during the tax year (see instruction								14		
15	• , ,	•							14		
15	Property subject to section 168(f)(1	•							15	<u> </u>	
16	Other depreciation (including ACR: **T III MACRS Depreciati								16		
[Cal	rt III MACRS Depreciati	OII (DO NOT IN			e instruc	tions	5)				
17	MACDE deductions for seests also		·	ection A	0000				17	2 210	
18	MACRS deductions for assets place			_					17	2,310	
10	If you are electing to group any ass		_				-		ĺ		
	Section B - Asset	(b) Month and	(c) Basis for depi				e General De	preciatio	on Sys	item	
	(a) Classification of property	year placed in	(business/investr	nent use	(d) Recov	ery	(e)Convention	(f) Meth	nod	(g)Depreciation deduction	
10-		service	only-see instruc	ctions)	period	\dashv				-	
19a	3-year property	-			<u> </u>		.				
ь	5-year property	-		000	-		740	000		100	
_ <u>c</u>	7-year property	4	3,	000		7	MQ	200	מט	107	
	10-year property					_					
e	15-year property	}									
	20-year property	}			ļ						
<u>g</u>	25-year property				25 yrs	-		S/L			
h	Residential rental		<u> </u>		27 5 y	rs	MM	S/L			
	property		ļ. <u> </u>	_	27 5 y	rs	MM	S/L			
i	Nonresidential real				39 yrs	3	MM	S/L			
	property						MM	S/L	.		
	Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System										
20a	Class life				Ţ			S/L		· -	
b	12-year]			12 yrs	;		S/L			
С	40-year		T		40 yrs	;	ММ	S/L			
Pa	T IV Summary (see instruc	ctions)		-							
21	Listed property Enter amount from								21	960	
22	Total. Add amounts from line 12, lin		7, lines 19 and	20 ın colu	ımn (a), a	nd lı	ne 21. Enter h	ere			
-	and on the appropriate lines of you	_							22	3,377	
23	For assets shown above and place						<u> </u>				
	portion of the basis attributable to s					23					
	Polition and busin attributuale to a	33.3., 200, 1000									

Form 4562 (2009) BIKE TO THE BEACH INC 26-1809507 Pag€ Part V . Listed. Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (e) (i) (a) (D) (d) **(1)** (g) (h) Business/ Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation section 179 vehicles first) deduction penod Convention service basis percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 20080504100 3,000 3,000 5 960 1973 VOLKS 200 DB-HY % Property used 50% or less in a qualified business use % S/L-% S/L-% S/L-960 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (f) Total business/investment miles driven Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 Yes Yes No Yes Yes Yes Yes No No 34 Was the vehicle available for personal No No No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?............ Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (ው) (d) (1) (c)

####