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De artment of the Treasury

## **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)

OMB No 1545-0047 2009 Open to Public

Inte	mal Revenue	Service 2	▶ The organization may have to use a copy of this return to satisfy state	reporting require	ements	Inspection
<u>A</u> .	For the 200	9 calendar ye	ar, or tax year beginning , and ending			
В	Check if applica	ble Please	C Name of organization		D Emplo	yer identification number
	Address change	use IRS	BICYCLE TRANSPORTATION ALLIANCE			•
$\equiv$	•	label or	Doing Business As		93-	1057956
ᆜ	Name change	print or type	-	Doom/ourte		one number
	Initial return	See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		
$\Box$	Termination	Specific	233 NW 5TH AVENUE	L		-226-0676
二		Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	pts \$ 1,567,644
	Amended return	tions.	PORTLAND OR 97209			
	Application pen	ding F Name	and address of principal officer		H(a) Is this	a group return for
_		SU	SAN OTCENAS		affiliate	
		23	3 NW 5TH AVE		H(b) Are all include	affiliates Yes No
		PO	RTLAND OR 97209			'attach a list (see instructions)
<u> </u>	Tax-exempt	status X	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		-,	,
<u> </u>	Website: ▶		TA4BIKES.ORG		H(c) Gmun	exemption number
<u>-</u> -	Type of organiz	[==]		Year of formation 1	000	M State of legal domicile OR
	art i	Summar		real of formation	<u> </u>	W State of legal domicile O10
!	· <del>} · · · · · · · · · · · · · · · · · · </del>				· · · · · · · · · · · · · · · · · · ·	
	1	•	ne organization's mission or most significant activities			
ф	B'		ES HEALTHY, SUSTAINABLE COMMUNITIES BY MAKING			
ä	B:	ICYCLING	SAFE, MORE CONVENIENT AND MORE ACCESSIBLE.			
Ĕ						
ð	2 Che	ck this box 🕨	if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	<b>5.</b>	
Ö	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	14
S	4 Num	ber of indepe	endent voting members of the governing body (Part VI, line 1b)		4	14
Activities & Governance	5 Tota	•	mployees (Part V, line 2a)		5	34
휹	6 Tota		olunteers (estimate if necessary)		6	150
ĕ			ated business revenue from Part VIII, column (C), line 12			
		•	• • •		7a	
—	b Net	unrelated bus	iness taxable income from Form 990-T, line 34	Рпог Үеа	7b	Current Year
	O Con	tributions one	greats (Port VIII, line 1h)		1,253	1,327,694
9	ı		grants (Part VIII, line 1h)			
Revenue	1		revenue (Part VIII, line 2g)		1,584	159,266
ě	i .		e (Part VIII, column (A), lines 3, 4, and 7d)		5,337	1,066
-			art <u>VIII, column <del>(A), lin</del>e</u> s 5, 6d, 8c, 9c, 10c, and 11e)		8,403	31,165
_			dd,lines 8 through 1,1, (must equal Part VIII, column (A), line 12)		6,577	1,519,191
	13 Gran	ns a <del>nd simil</del> a	r amounts paid (Party), column (A), lines 1-3)	7:	2,983	68,382
	14 Bene	etits paid to c	r for memberg (டுவர்டி, column (A), line 4)			
w	15 Sala	ries other co	mpensation, employee penefits (Part IX, column (A), lines 5–10) raising fees (Part IX, column (A), line 11e)	86	9,122	805,732
nses	16a Profe	essional fund	raising fees (Part IX column (A), line 11e)			
per	b Tota	fundraising	229,853 ≥ 229,853			
ŲΣ	17 Othe		Part IX, column (A), lines 11a–11d, 11f–24f)	52	6,981	453,373
)	17 Out	•	Add lines 13–17 (must equal Part iX, column (A), line 25)		9,086	1,327,487
2	18 Tota	•			2,509	191,704
Net Assets or N V Expe	19 Reve	enue less ex	penses. Subtract line 18 from line 12	Beginning of Cur		End of Year
ြင္ဆု	20 Tota	il accete (De-	Y line 16)		1,349	551,098
188	20 Tota	ıl assets (Par			1,959	40,004
귷	21 Tota	-	art X, line 26)		9,390	511,094
<del></del> -	ZZ IVEL		the lances Subtract line 21 from line 20	<u>. 31</u>	<i>3</i> ,390	511,094
<u>ار.</u>	art li	Signatu				
_		Under penal	ies of perjury, I declare that I have examined this return, including accompanying schedules a Is tope, correct, and complete. Declaration of preparer (other than officer) is based on all infor	ind statements, and	to the best o	of my knowledge
v		and believe	I I A A A A A A A A A A A A A A A A A A	madon of which pre	parer rias arr	
Şi:			June Glancia		$\perp \mu$	18/10
Ήe	re	Signatu	re of officer	0	Date	<i>'</i>
		\ \ \ \ \ \ \ \	USAN OTCENAS, BOARD TREASUR	EK.		
		Type or	print name and title			
_	•	D	Date	Check	ıf	Preparer's identifying number
Pa	d	Preparer's signature	Jambolulium 1/8/	self-		] (see instructions) 398-34-8626
Pr	oparer's	o.gridiano		employ	T .	
	e Only	Firm's name	''Y NA 1 CW COTINGETA CIITME 100		EIN	93-1309646
_ •		rf self-emplo			Phone	FAO AAF ATAA
		address, and			no	<u> 503-295-3780</u>
_			turn with the preparer shown above? (see instructions)			Yes No
Fo.		ct and Pape	rwork Reduction Act Notice, see the separate Instructions.			Form <b>990</b> (2009)
UAV	,					_

Form 990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Page 2 **Statement of Program Service Accomplishments** 1. Briefly describe the organization's mission: BTA CREATES HEALTHY, SUSTAINABLE COMMUNITIES BY MAKING BICYCLING SAFE, MORE CONVENIENT AND MORE ACCESSIBLE. 2. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes X No services? If "Yes," describe these changes on Schedule O. 4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 645,122 including grants of \$ 68,382 ) (Revenue \$ 159,266) 4a' (Code. ) (Expenses \$ **EDUCATION:** THE BTA EDUCATES CHILDREN, YOUTH AND FAMILIES TO USE SAFE, ACTIVE TRANSPORTATION TO GET TO AND FROM SCHOOL OR WORK AND THROUGHOUT THEIR COMMUNITIES. OREGON AND PORTLAND WALK + BIKE PROGRAM: OREGON'S WALK + BIKE PROGRAM IS COORDINATED BY THE BICYCLE TRANSPORTATION ALLIANCE (BTA) TO ENCOURAGE CHILDREN, YOUTH, AND FAMILIES TO USE SAFE, ACTIVE, TRANSPORTATION TO GET TO AND FROM SCHOOL AND THROUGHOUT THEIR COMMUNITIES THROUGHOUT THE YEAR. REACHED OVER 60 SCHOOLS AND 4000 STUDENTS. 151,521 including grants of \$ 4b (Code: ) (Expenses \$ ) (Revenue \$ ADVOCACY: THE BTA ADVOCATES FOR BICYCLING INFRASTRUCTURE AND PROGRAMS AT THE LOCAL AND STATE LEVEL AND ENGAGES COMMUNITY MEMBERS IN OUR ADVOCACY ACTIVITIES. THE BTA WORKS WITH LOCAL GOVERNMENTS AND TRANSPORTATION AGENCIES TO IMPLEMENT MORE AND BETTER BIKE INFRASTRUCTURE, INCLUDING BICYCLE BOULEVARDS, CYCLE TRACKS, BUFFERED BIKE LANES, ON-STREET BIKE CORRALS, AND BETTER BIKE PARKING AT TRANSIT STOPS. THE BTA WORKS WITH POLICE ENFORCEMENT OFFICERS TO ADDRESS BICYCLE-RELATED 98,813 including grants of \$ ) (Expenses \$ 4c (Code. ) (Revenue \$ ) **ENCOURAGEMENT:** THE BTA ENGAGES MEMBERS AND THE COMMUNITY IN OUR ADVOCACY, EDUCATION, AND VOLUNTEER PROGRAMS THROUGHOUT THE YEAR. THE BTA COORDINATES THE STATEWIDE BIKE COMMUTE CHALLENGE, AN ANNUAL COMPETITION AMONG WORKPLACES TO SEE WHICH BUSINESSES CAN GET THE LARGEST NUMBER OF EMPLOYEES BICYCLING TO WORK DURING THE MONTH OF SEPTEMBER. THE BTA TEACHES BIKE COMMUTE WORKSHOPS AT WORKPLACES THROUGHOUT THE STATE. 4d · Other program services (Describe in Schedule O.) including grants of \$ ) (Revenue \$ (Expenses \$

895,456

4e · Total program service expenses ▶

Pŧ	art IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	_		
_	Schedule C, Part II	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
0	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
•	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? If "Yes," complete Schedule D, Part VII			
_	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? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
Ī	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			4,5
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		21
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	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? If "Yes," complete Schedule G, Part I	_ 17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

_	1 990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956		F	age 4
138	art IV Checklist of Required Schedules (continued)	<del></del>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		163	140
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	<del></del>		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	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		İ	
	employees? If "Yes," complete Schedule J	23		x
24as	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? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b:	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
ت	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d.	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	X
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? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			ŧ
aı	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b.	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ĺ	
	Schedule N, Part II	32_	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			İ

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Form **990** (2009)

Part VI

Pa	Statements Regarding Other IRS Filings and Tax Compliance		<del> </del>			
4	F		F		Yes	No
1a	,,		2		Ī	
<b>b</b>	U.S. Information Returns. Enter -0- if not applicable	1a	0	- [	1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and report	1b			I	
С	gaming (gambling) winnings to prize winners?	able	Ī	1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ı	<u> </u>	16		
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	34			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<del></del>		2b	x	
• • • • • • • • • • • • • • • • • • • •	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		<u> </u>			
	instructions)				I	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,			1	
•	this return?	·	Ī	3a	Ī	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		Ī	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority	Ī			
,	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-				
-	account)?			4a		X
b	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 Ban	k				
,	and Financial Accounts.				- 1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	۱۶		5b		X
Ć	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?		_	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			ļ		
	organization solicit any contributions that were not tax deductible?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		1		
_4	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
,a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds	ŀ	_	v	
:	and services provided to the payor?		-	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	7b	_	
t,	required to file Form 8282?			7c		х
٠,	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a persi					
Ü	benefit contract?	Jila.		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,	ľ	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		Ì	7g		х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?		ļ	8		
, 9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	ا ا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				İ
, b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44=				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	•	ŧ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		-
	· · · · · · · · · · · · · · · · · · ·					

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. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 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? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8Ь 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 111 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13: Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a<sup>-7</sup> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a **b** · If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 .List the states with which a copy of this Form 990 is required to be filed ▶ OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 ANGELA SABIN 233 NW 5TH AVE organization. PORTLAND OR 97209 503-226-0676

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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

(A) Name and Title	(B) Average	Pos	ıtıon (	•	C) k all t	hat ap	nlv)	(D) Reportable	(E) Reportable	(F) Estimated		
Name are the	hours per week	Individual trustee or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
MARY ROBERTS	1 00			4								
CHAIR COME	1.00	X		X	<u> </u>	┝╌┼		0	0	0		
STEPHEN GOMEZ	1.00	x		X	ł			0	0	_		
VICE-CHAIR SUSAN OTCENAS	1.00	_	┝	Λ		╁╼╌╁				0		
TREASURER	1.00	x		x	l			0	0	0		
JEFF KNAPP	1.00	^	_		_	$\vdash$				0		
SECRETARY	1.00	x		x				0	0	0		
AUSTIN RAMSLAND	1.00	1	-		$\vdash$	$\vdash$		<u> </u>				
DIRECTOR	1.00	x						0	• 0	o		
NANCY PAUTSCH		<del>  -</del>										
DIRECTOR	1.00	x						0	0	0		
DOUG PARROW												
DIRECTOR	1.00	X						0	0	0		
PAUL ADKINS												
DIRECTOR	1.00	X						0	O	0		
JOHN BEASTON												
DIRECTOR	1.00	X	<u> </u>					0	0	0		
JIM MIDDAUGH									_			
DIRECTOR	1.00	X		_	ļ	<b>  </b>		0	0	0		
MARY FETSCH												
DIRECTOR	1.00	X			<u> </u>	<b>├</b>		0	0	0		
TOMMY BROOKS	1 00							0	•	_		
J. S MAY	1.00	X	├			H		0	0	0		
DIRECTOR	1.00	x				1		0	0	o		
CHRIS ACHTERMAN	1.00	^	-	├	_	1 1				0		
DIRECTOR	1.00	x						0	0	0		
SCOTT BRICKER		†==	<del>                                     </del>	-								
EXECUTIVE DIRECTOR	40.00			x	1			84,943	o	3,987		
ROOPAL PATEL										-,		
HR' & FINANCE DIRECTO	40.00			x				40,400	0	2,460		
										<u> </u>		

Part	(A) Name and Title	(B) Average hours per			(( chec	C)	hat ap	ply)	(D)  Reportable	(E)  Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
<del>.</del>											
•						<u> </u>					
- 11											
<del>.</del>						ļ					
1l: T								_	125,343		6,447
2 7	Total number of individuals (inceportable compensation from			to th	ose	listed	abo	ve)		•	
3 C e 4 F t	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line he organization and related or individual Did any person listed on line 1a	rmer officer, direc complete Schedu 1a, is the sum of ganizations great	ctor of le J repo er th	for sortab an \$	uch i le co 150,	indiv ompe 0007	idual ensat P If "Y	ion a 'es,"	and other compensation from	m	Yes No  3 X  4 X
	services rendered to the organ on B. Independent Contracto	ization? If "Yes,"									5 X
1 (	Complete this table for your five compensation from the organization	ation	sate	ed inc	depe	nder	nt coi	ntrac			(6)
:-	Name and	(A) business address							Descrip	(B) stion of services	(C) Compensation
	.4	<del>.,</del>									
<del></del> _											
	Total number of independent o more than \$100,000 in comper						to th	ose	listed above) who received		0
DAĀ											Form <b>990</b> (2009)

	III Statement of Reve			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
1a	Federated campaigns	1a			revenue	· · · · · · · · · · · · · · · · · · ·	512, 513, or 514
	Membership dues	1b	150,194	1			•
	Fundraising events	1c	64,002	1			
	Related organizations	1d	,	1			Ī
	Government grants (contributions)	1e	514,077				Ī
	All other contributions, gifts, grants,	···		1			
•	and similar amounts not included above	1f	599,421				
_	Noncash contributions included in lines 1a-		6,378				1
_	Total. Add lines 1a-1f	··· Ψ	5,5.5	1,327,694			•
	Total: Add lines 1a-11		Busn. Code	2/32//334	***************************************		
22	NCEDMO COMPEDENCE E	DD0	611710	131,605	131,605		
2a	NSERTS CONFERENCE F		611710	27,661	27,661		
b	OTHER PROGRAM SERVI	CES	011/10	27,001	27,001		<del>-  </del>
C			-			<del>.</del>	
d							<del></del>
e	All -41						
	All other program service rever	nue		150 266			<u> </u>
	Total. Add lines 2a–2f	1	<b>&gt;</b>	159,266			
3	Investment income (including of	iiviaenas,	interest, and	1 000	ì		1 0
	other similar amounts)			1,828			1,8
4	Income from investment of tax-	-exempt b	ond proceeds	-			<del></del>
5	Royalties						
	(ı) Real		(II) Personal	1			1
6a	Gross Rents						Į.
b	Less rental exps			1			‡ ‡
	Rental inc or (loss)			1			ŧ
	Net rental income or (loss) Gross amount from (4) Security			<del></del>			
1 a	sales of assets (1) Securitie		(II) Other				1
	other than inventory 4	,573	<del></del>	1			
b	Less cost or other	ļ		1			
		,335		1			
c	Gain or (loss)	-762		1			
d	Net gain or (loss)	_	<b>•</b>	-762	-762		
8a	Gross income from fundraising eve			1			1
	(not including \$ 64,	002		1			1
	of contributions reported on line 1c)			1			1
	See Part IV, line 18	a	39,323	1	1		1
b	Less: direct expenses	ь	39,323	1			
С	Net income or (loss) from fund	raising ev	ents <b>&gt;</b>	_			
9a	Gross income from gaming activitie	s					
	See Part IV, line 19	a					
b	Less direct expenses	b		,			
	Net income or (loss) from gam	ing activit	es				
	Gross sales of inventory, less						
	returns and allowances	a	19,679	1			•
b	Less: cost of goods sold	ь	3,795	1			<b>‡</b>
	Net income or (loss) from sale	s of inven		15,884	15,884		
	Miscellaneous Revenue		Busn. Code	- 1			
11a	BICYCLE SAFETY LIC PI	ATES	900095	14,980	14,980		Ī
b	MISC		90099	301	301		
c							1
d	All other revenue						
	Total. Add lines 11a-11d		<b></b>	15,281		······································	
-	Total Revenue. See instruction			1,519,191	189,669	••••••	0 1,8

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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 governments and		·		
	organizations in the U.S. See Part IV, line 21	68,382	68,382	•	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				,,,
4	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees	131,790	12,719	113,735	5,336
Э	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	555 000	405 105	15 000	120 205
7	Other salaries and wages	575,320	427,195	15,820	132,305
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	20.700	20 072		0.017
6	Other employee benefits	38,790	29,873	10 000	8,917
10	Payroll taxes	59,832	37,805	10,082	11,945
11	Fees for services (non-employees)	5,685	5,685		
4	Management	3,665	3,003		
í)	Legal	12,885		12,885	
ى س.	Accounting	6,000	6,000	12,003	<u> </u>
· d	Lobbying Professional fundraising services See Part IV, line 17	0,000	3,000		
.е .f	Investment management fees				
· ·	Other	87,128	56,018	13,863	17,247
12	Advertising and promotion	5,721	5,050	96	575
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	46,208	29,630	7,656	8,922
17	Travel	20,331	18,746	1,280	305
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,804	18,929	1,367	6,508
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,162	8,436	2,180	2,546
23 '	Insurance	7,673	1,658	5,513	502
		1			
24	Other expenses litemize expenses not	1			
	covered above. (Expenses grouped together	1		<b>‡</b>	
•	and labeled miscellaneous may not exceed	1		<b>!</b>	
	5% of total expenses shown on line 25 below.)		51 005	1 070	405
а	EQUIPMENT RENTALS	73,992	71,295	1,272	1,425
b	TECHNOLOGY SERVICES	34,044	32,106	540	1,398
ŧ C	SUPPLIES	33,357	27,525	1,197	4,635
٤d	PRINTING AND PUBLICATIONS	29,967	16,869	1,434	11,664
( e	OTHER COSTS	24,021	8,091	11,066	4,864
∵f ≎=	All other expenses	26,395 1,327,487	13,444 895,456	2,192	10,759 229,853
25	Total functional expenses.Add lines 1 through 24f	1,341,461	093,430	202,110	449,003
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the	1			
**	organization reported in column (B) joint costs				
•	from a combined educational campaign and fundraising solicitation				
DAA	iungraising solicitation			<u>L</u> .	Form <b>990</b> (2009

Part		33-105/956		Page <b>11</b>
1 uit 2	- Dalance Office	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	31,927	1	70,608
2	Savings and temporary cash investments	123,650	2	217,073
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	166,468	4	204,849
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
	Part II of Schedule L		6	
# 7	Notes and loans receivable, net		7	
Assets 8 8 8	Inventories for sale or use	1,298	8	2,224
<b>⋖</b>   9	Prepaid expenses and deferred charges	7,283	9	17,064
10a	Land, buildings, and equipment, cost or	-		
	other basis Complete Part VI of Schedule D 10a 131, 33	4		
b	Less: accumulated depreciation 10b 92,05		10c	39,280
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16_	Total assets. Add lines 1 through 15 (must equal line 34)	361,349	16	551,098
17	Accounts payable and accrued expenses	10,206	17	21,505
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	7-17	20	
ဖွဲ့ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key		1	
<u>ឆ</u> ្គ	employees, highest compensated employees, and disqualified		1	
دُّ	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	31,753	25	18,499
26	Total liabilities. Add lines 17 through 25	41,959	26	40,004
End Balances 27 28 29 29 29	Organizations that follow SFAS 117, check here ▶ 🄀 and		1	
일	complete lines 27 through 29, and lines 33 and 34.	076 601	1	0.45 04.0
R 27	Unrestricted net assets	276,681	27	365,912
<u>m</u>   28	Temporarily restricted net assets	42,709	28	145,182
일   29	Permanently restricted net assets		29	
นี	Organizations that do not follow SFAS 117, check here ▶			
Assets or 30 31 35	and complete lines 30 through 34.	E		
ည်   30	Capital stock or trust principal, or current funds		30	
86 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
$\tilde{\mathbf{A}}$ 32	Retained earnings, endowment, accumulated income, or other funds	210 200	32	E44 004
33 34	Total net assets or fund balances	319,390	33	511,094
<u> </u>	Total liabilities and net assets/fund balances	361,349	34	551,098

Form **990** (2009)

orm	990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956		Pag	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
7	Accounting method used to prepare the Form 990.	_		_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_		ĺ
•	Schedule O			Ė
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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?	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			[
	Schedule O.			ĺ
Ė	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			Ĺ
	issued on a consolidated basis, separate basis, or both.			Ė
	Separate basis Consolidated basis Both consolidated and separate basis			Ė
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?	3a		X
d∙?	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	3b		<u></u>
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## **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

Open to Public Inspection

BICYCLE TRANSPORTATION ALLIANCE

Employer identification number 93-1057956

Part	l Reas	on for Public Charity S	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.		
The orga	anization is not	a private foundation because	it is: (For lines 1 through 11, che	ck only o	ne box.)							
1	1		ciation of churches described in			A)(i).						
2"	A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E.)									
3.	í		e organization described in secti	on 170(b)	(1)(A)(iii)							
٤٠	í ·	•	in conjunction with a hospital de	, ,			(A)(iii).	Enter th	e hospi	tal's name.		
	city, and state	*				. ,, ,	` ' '			•		
5	1 . * .		a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	in			
		b)(1)(A)(iv). (Complete Part I	•	•	, ,							
6.	, ·		vernmental unit described in sec	tion 170(	b)(1)(A)(v	١.						
7. X	· ·		ubstantial part of its support from	•		•	the ge	neral pu	blic			
	-	section 170(b)(1)(A)(vi). (Co		Ū			J	•				
8:	1		0(b)(1)(A)(vi). (Complete Part II	)								
91	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross											
_	•		t functions—subject to certain e						-			
	support from	gross investment income and	unrelated business taxable inco	me (less	section 51	1 tax) fro	om busi	nesses				
	acquired by ti	ne organization after June 30	, 1975 See section 509(a)(2). (	Complete	Part III.)							
10.	An organizati	on organized and operated ex	clusively to test for public safety	. See <b>sec</b>	tion 509(a	a)(4).						
11	An organizati	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	it the				
	purposes of o	ne or more publicly supporte	d organizations described in sec	tion 509(a	)(1) or se	ction 509	(a)(2). S	See <b>sec</b>	tion			
	<b>509(a)(3).</b> Ch	eck the box that describes the	e type of supporting organizatior	and com	plete lines	11e thr	ough 11	h				
	a 🗌 Type	l <b>b</b> Type II	c Type III–Functiona	ally integra	ted	<b>d</b> [	Тур	e III-Oti	ner			
e:	By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	disqual	ıfied				
	persons other	r than foundation managers a	nd other than one or more public	cly suppor	ted organ	izations	describe	ed in sec	ction			
	509(a)(1) or s	ection 509(a)(2).										
f	If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
	organization,	check this box										
Ğ,	Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
	following per	/										
	(i) A persor	who directly or indirectly cor	itrols, either alone or together wi	th person:	s describe	d in (ii)				_	Yes	No
	and (iii) b	pelow, the governing body of	the supported organization?							11g(i)		
1	•	member of a person describe	* *							11g(ii)		ļ
		ontrolled entity of a person de								11g(III)		
þ.		ollowing information about the	supported organization(s)	1				Т	- 1	•		
.,,	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your	(v) Did y	ou notify iization in	(vi) l organizat	s the	(vii) Am supp		
U	ganization		above or IRC section	1 ''	document?	∞l (i)	of your	(i) organı	zed in the	sup	ort	
			(see instructions))	<del></del>	١.,	supp	Í	_	\$?			
				Yes	No	Yes	No	Yes	No			
		•										
	<del></del>							<del> </del>				
												_
								-				
				<u> </u>								
Total												

		YCLE TRANS	SPORTATION	N ALLIANCE	<u> </u>	-1057956	Page 2
Pá	art II Support Schedule for Or	ganizations De	scribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or 8	of Part I.)			
Sec	tion A. Public Support						
Ca	lendar 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.")	539,144	932,844	1,102,734	1,321,253	1,327,694	5,223,669
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	539,144	932,844	1,102,734	1,321,253	1,327,694	5,223,669
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)						69,682
6	Public support. Subtract line 5 from line 4						5,153,987
Sec	tion B. Total Support	•				_	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(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	880	1,774	7,254	5,337	1,828	17,073
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 11	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10	539		14,510	25,661		40,710 5,281,452
	• •	Lt	L	<u>1</u>			
12	Gross receipts from related activities, etc. (	•		COL 1		12	403,718
13	First five years. If the Form 990 is for the c	•	econa, tnira, tourtn	, or ππη tax year as	a section 501(c)(3	3)	. □
<u>-:-</u>	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,			))		14	97.59%
15	Public support percentage from 2008 Scher					15	96.83%
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33 1	/3 % or more, che	ck this box	⊾ <del>v</del>
	and stop here. The organization qualifies a		-				► X
b	33 1/3 % support test—2008. If the organi				33 1/3 % or more	, check this	
	box and stop here. The organization qualifi						▶ _
17a	10%-facts-and-circumstances test—2009	-					
	more, and if the organization meets the "fac				•	how the	
	organization meets the "facts-and-circumsta	•	•		_		▶ _
þ	10%-facts-and-circumstances test—2000	_					
	more, and if the organization meets the "fac			-	•	how the	, _
	organization meets the "facts-and-circumsta	-	•		-		
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see in:	structions	▶ ∟

Schedule A (Form 990 or 990-EZ) 2009

	i abile dapport percentage to: 2000 (mile of ottermit (i) arriant of ottermit (i))								
16	16 Public support percentage from 2008 Schedule A, Part III, line 15								
Sec	ction D. Computation of Investment Income Percentage								
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%					

Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 4 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

b 2 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

Schedule A (Form 990 or 990-EZ) 2009 BICYCLE TRANSPORTATION ALLIANCE

93-1057956

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

BIKE SAFETY LIC PLATE & OTHER

40,710

SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- \* Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- € Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

#### If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III

Nar	ne of organization	<del>-</del> ·	_	Employer identific	
	BICYCLE TRANSPORTATI			93-10579	
Par	t I-A Complete if the organization is exem	npt under section 501(c) o	or is a section 52	27 organization.	<del>_</del>
1	Provide a description of the organization's direct and indirect	ct political campaign activities in F	Part IV		
2	Political expenditures			▶ \$	<b></b> _
3	Volunteer hours				
Par	t I-B Complete if the organization is exem	npt under section 501(c)(3	3).		<u>-</u>
_ <u></u>	Enter the amount of any excise tax incurred by the organiza		- <u>L-</u>	<b>▶</b> \$	
2	Enter the amount of any excise tax incurred by organization			<b>▶</b> \$	
3	If the organization incurred a section 4955 tax, did it file For			· <del>_</del> ·	Yes No
43	Was a correction made?	•			Yes No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exem	npt under section 501(c),	except section (	501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	1	•	
	activities			▶ \$ _	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for secti	on		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add lines 1 and 2. Enter	er here and on Form 1120-POL,			
	line 17b			▶ \$ _	
4	Did the filing organization file Form 1120-POL for this year'	?			Yes No
5	Enter the names, addresses and employer identification nu	mber (EIN) of all section 527 polit	ical organizations to	which payments	
	were made. For each organization listed, enter the amount	paid from the filing organization's	funds Also enter the	amount of political	
	contributions received that were promptly and directly deliver	ered to a separate political organi	zation, such as a sep	arate segregated	
	fund or a political action committee (PAC) If additional space	ce is needed, provide information	ın Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
			Tu In	inds If none, enter -0-	delivered to a separate
					political organization If
					none, enter -0-
<del></del>					

Schedule C (Form 990 or 990-EZ) 2009 BI	CYCLE TRANS	PORTATION A	LLIANCE	93-105795	66 Page 2
Part II-A Complete if the organi	zation is exempt	under section 50	1(c)(3) and filed	Form 5768 (election	
under section 501(h)).				· · · · · · · · · · · · · · · · · · ·	
A Check 🕨 🗌 if the filing organiza	tion belongs to an	affiliated group.			
3 Check ▶ ☐ if the filing organiza	tion checked box	A and "limited co	ntrol" provisions	s apply.	
Limits on Lo	bbying Expenditu	ires		(a) Filing	(b) Affiliated
(The term "expenditures	' means amounts p	aid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to influence pr	ublic opinion (grass root	s lobbying)		3,872	
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct	lobbying)		24,374	
<ul> <li>Total lobbying expenditures (add lines 1a</li> </ul>	and 1b)			28,246	
d Other exempt purpose expenditures				1,299,241	
e Total exempt purpose expenditures (add l	nes 1c and 1d)			1,327,487	
f Lobbying nontaxable amount. Enter the ar	nount from the following	table in both			
columns				207,749	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Not over \$500,000	20% of the amount on	line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,00	0		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of th	ne excess over \$1,500,000	,	1	
Over \$17,000,000	\$1,000,000			ľ	
g Grassroots nontaxable amount (enter 25%	of line 1f)			51,937	
h Subtract line 1g from line 1a. If zero or les	s, enter -0-			0	
i Subtract line 1f from line 1c If zero or less	, enter -0-			0	
If there is an amount other than zero on ei	ther line 1h or line 1i, di	d the organization file f	Form 4720 reporting	* ************************************	
section 4911 tax for this year?		· ·	, ,		Yes No
	437 4 .			-	
<b></b>		g Period Under S	, ,		<b>.</b> .
(Some organizations th				•	tive
columns be	low. See the insti	uctions for lines	2a through 2f	on page 4.)	
Lok	bying Expenditur	es During 4-Year	Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
					',
2. Lobbying per tayable amount					
2a Lobbying non-taxable amount	140,115	186,713	221,9	207,749	756,486
5 Lobbying ceiling amount					
(150% of line 2a, column(e))					1,134,729

	bbying Expenditure	S During 4-1 car A	Averaging i enou		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2.3 Lobbying non-taxable amount	140,115	186,713	221,909	207,749	756,486
3 Lobbying ceiling amount (150% of line 2a, column(e))					1,134,729
c Total lobbying expenditures	1,800	3,406		28,246	33,452
d Grassroots nontaxable amount	35,029	46,678	55, <b>4</b> 77	51,937	189,121
e Grassroots ceiling amount (150% of line 2d, column (e))					283,682
f Grassroots lobbying expenditures	1,800	3,406		3,872	9,078

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form, 990 or 990-EZ) 2009 BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) No Yes **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

# 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
3	Current year	2a	
Ġ	Carryover from last year	2b	
, ¢	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.

Also, complete this part for any additional information

Yes No

Schedule C (Form 990 or 990-EZ) 2009 BICYCLE TRANSPORTATION ALLIANCE

93-1057956

Page 4

Supplemental Information (continued)

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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public

inspection

Name of the organization Employer identification number BICYCLE TRANSPORTATION ALLIANCE 93-1057956 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Á Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 2a ; a Total number of conservation easements 2b t b Total acreage restricted by conservation easements · 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. .1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990. Part X 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 relating to these items: B a Revenues included in Form 990, Part VIII, line 1 i. b Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2009

		ANSPORTATION				37936	Page Z
	art III Organizations Maintaining C		•				(continued)
3;	Using the organization's acquisition, accession, a collection items (check all that apply):	and other records, check a	ny of the following t	that are a	significant i	use of its	
a	Public exhibition	d Loan or	exchange program	s			
5	Scholarly research	e Other					
c	Preservation for future generations	- ( <u> </u>		·			
	Provide a description of the organization's collect Part XIV.	tions and explain how they	further the organiz	atıon's ex	empt purpo	se in	
5	During the year, did the organization solicit or rec				lar		
Tì-	assets to be sold to raise funds rather than to be		-			V" +- F (	Yes No
ra	art IV Escrow and Custodial Arran			ition an	swerea	res to Form s	990, Paπ
	IV, line 9, or reported an amo						· · · · · ·
1a	Is the organization an agent, trustee, custodian of	or other intermediary for co	ntributions or other	assets no	ot		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV and	I complete the following tat	ole.				
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
θ	Distributions during the year					1e	
f.	Ending balance					1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XIV.						
Pa	ert V Endowment Funds. Complet	te if organization ans	wered "Yes" to	Form	990, Parl	IV, line 10.	
····		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance				·		
	Contributions						
	Net investment earnings, gains,						
•	and losses						
d	Grants or scholarships						
	Other expenditures for facilities			·			····
٠	and programs						
€.	, ,						
	Administrative expenses		<del> ,</del>				
g	•			<u> </u>			. <del>I</del>
2	Provide the estimated percentage of the year en	=4					
a	Board designated or quasi-endowment	%					
ij	Permanent endowment ▶ %						
	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	n of the organization that a	ire held and admini	stered 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 list	ted as required on Schedu	le R?				3b
4	Describe in Part XIV the intended uses of the org						
Pa	art VI Investments—Land, Building	gs, and Equipment.	See Form 990	<u>), Part &gt;</u>	<u> (, line 10</u>	·	
	Description of investment	(a) Cost or other basis	(b) Cost or oti		• •	cumulated	(d) Book value
		(investment)	basis (other	)	depr	eciation	,
1a	Land						
þ	Buildings						
C	Leasehold improvements						
d	Equipment		131	,334		92,054	39,280
e	Other			]			
Tota	il. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colum	n (B), line 10(c) )			<b>•</b>	39,280

Schedule D (Form 990) 2009 BICYCLE TRANSPORTATIO	N ALLIANCE	93-1057956	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Fart VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	ar market value
		·····	
			····
		<u> </u>	
			·····
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	. ]		
Part IX Other Assets. See Form 990, Part X, line 15.		· · · · · · ·	(h) D
(a) Description			(b) Book value
<del></del>			
	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes	1,		
ACCRUED VACATIONS	18,499		
	,		
	· · · · · · · · · · · · · · · · · · ·		
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	18,499		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organ			
organization's liability for uncertain tax positions under FIN 48		<u> </u>	

	dule D (Form 990) 2009 BICYCLE TRANSPORTATION AL	LIANCE	<u>93-1057956</u>		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited Fina	ncial Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,519,191
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,327,487
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	191,704
4.	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net). Add lines 4 through 8			9	
16	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		10	191,704
1-a	rt XII Reconciliation of Revenue per Audited Financial Sta		enue per Return		-
	Total revenue, gains, and other support per audited financial statements		<del></del>	1	1,562,237
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u> </u>
а	Net unrealized gains on investments	2a		1	
:b		2b	43,046		
	Recoveries of prior year grants	2c		1	
ιd		2d		1	
				2e │	43,046
3	Subtract line 2e from line 1			3	1,519,191
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	) [		*	1,313,131
	Investment expenses not included on Form 990, Part VIII, line 7b	42		1	
i3	•	4a   4b			
,	Other (Describe in Part XIV ) Add lines 4a and 4b	<u> 40  </u>	<del></del>	.	
			_	1c 5	1,519,191
<u>-</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  art XIII Reconciliation of Expenses per Audited Financial St	stamonta With Ev		_	1,319,191
		atements with Ex			1,370,533
1	Total expenses and losses per audited financial statements			1	1,370,333
2.	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 . 1	12 016		
.a	Donated services and use of facilities	2a	43,046		
łb	Prior year adjustments	2b			
(C	<b>-</b>	2c			
		<del> </del>	1		
₹d	Other (Describe in Part XIV )	2d			42.046
0	Other (Describe in Part XIV ) Add lines 2a through 2d	<del> </del>	<u> </u>	2e	43,046
	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1	<del> </del>	<u> </u>	2e 3	43,046 1,327,487
0	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	<del> </del>	<u> </u>	_	43,046 1,327,487
3	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 4a	<u> </u>	_	43,046 1,327,487
e 3 4	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d	<u> </u>	_	43,046 1,327,487
e 3 4 ::a .:b	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV ) Add lines 4a and 4b	2d 4a		3 4c	1,327,487
e 3 4 :a .b .c 5	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2d 4a		3	43,046 1,327,487 1,327,487
e 3 4 :a .b .c 5	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information	2d 4a 4b		3 4c	1,327,487
e 3 4 :a .b .c 5	Other (Describe in Part XIV ) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV ) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2d 4a 4b		3 4c	1,327,487
e 3 4 a b © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part 2b.	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part 2b.	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part 2b.	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part 2b.	4a 4b	IV, lines 1b	3 4c	1,327,487
e 3 4 ra ib © 5 Pa	Other (Describe in Part XIV )  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV )  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )  art XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part 2b.	4a 4b	IV, lines 1b	3 4c	1,327,487
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SCHEDULE G<sub>(</sub> (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Employer identification number Name of the organization BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a 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? 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. (iii) Did fund-(i) Name of individual (II) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions? col (i) Yes No Total

93-1057956

Page 2

4	ari :		i,000 on Form 990-EZ, line 6				
			(a) Event #1  ALICE B TOECLIP (event type)	(b) Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col (a) through col (c))	1
Revenue	1	Gross receipts	103,325			103,3	25
œ	2	Less. Charitable contributions	64,002			64,0	02
	3	Gross revenue (line 1 minus line 2)	39,323			39,3	23
	4	Cash prizes				-	
	5	Noncash prizes					
sesu	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Dire	8	Entertainment					
	9	Other direct expenses	39,323			39,3	23
	10 11	Net income summary. Co	Add lines 4 through 9 in column (d)	0		39,3	23
P	art		plete if the organization anson Form 990-EZ, line 6a.	wered "Yes" to Form 990	0, Part IV, line 19, or re	ported more	
Revenue		παπ ψ10,000 (	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c	
Rev	1	Gross revenue					
es	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
•	6	Volunteer labor	Yes %	Yes %	Yes No	%	
	7	Direct expense summary	v. Add lines 2 through 5 in column (d)	)	•	• (	
	8	Net gaming income sumr	mary Combine line 1, column d, and	line 7		<b>•</b>	
9	Er	nter the state(s) in which the	e organization operates gaming activ	/ities.		Yes	No
a ,b		the organization licensed to "No," Explain:	o operate gaming activities in each o	f these states?		9a	
10a ,b		ere any of the organization "Yes," Explain	's gaming licenses revoked, suspend	ded or terminated during the tax	year?	10a	
11		<del>-</del>	te gaming activities with nonmembers			11	
12		the organization a grantor, rmed to administer charitation	beneficiary or trustee of a trust or a ble gaming?	member of a partnership or other	er entity	12	

Sche	dule G (Form 990 or 990-EZ) 2009	BICYCLE	TRANSPORTA	TION	ALLIANCE	93-10579	56	Pa	age <b>3</b>
	-							Yes	No
13	Indicate the percentage of gaming activity	operated in:							
a	The organization's facility					13a %			
b.	An outside facility					13b %	<u>.</u>		
14	Provide the name and address of the person	on who prepare	s the organization's ga	ımıng/spe	cial events books				
	and records:								
	Name ►								
	Address ►								
15a.	Does the organization have a contract with revenue?	a third party fro	om whom the organiza	tion recei	ves gamıng		15a		
h.	If "Yes," enter the amount of gaming reven	ue received by	the organization	\$		and the	154		
U	amount of gaming revenue retained by the		\$	Φ		and the			
c.	If "Yes," enter name and address of the thi		Ψ						
Ū.	Too, one hame and address of the an	ia party.							
	Name								
	Address ▶								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Emplo	yee	Independent con	tractor					
17	Mandatory distributions:								
2.	Is the organization required under state law	w to make char	table distributions from	the gam	ng proceeds to				
	retain the state gaming license?						17a	<u> </u>	
ł,	Enter the amount of distributions required	under state law	distributed to other ex	empt orga	anizations or spent				
	in the organization's own exempt activities	during the tax y	/ear ▶ \$				_l		

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULÉ i (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

	The second control of the second control of	
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	Inspecti
Name of the organization	Employer identification number	number
BI	BICYCLE TRANSPORTATION ALLIANCE 93-1057956	
Part i General I	General Information on Grants and Assistance	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	[
the selection criteria u	the selection cntena used to award the grants or assistance?	X Yes
2 Describe in Part IV the	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	answered "Yes" to
1	COOLE	- ((()

Form 990, Part IV, line 21, for any recipient that received more tha Part IV and Schedule I-1 (Form 990) if additional space is needed	nore than \$5,000 needed	Check this box i	f no one recipi	ient received r	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	X
(b) EIN (c) IRC section If applicable	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMN, appraisal, assistance other)	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
				,		•
Enter total number of section 501(c)(3) and government organizations					•	
Sc						

Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 93-1057956 Schedule I (Form 990) 2009 BICYCLE TRANSPORTATION ALLIANCE

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Rh.) (f) Description of non-cash assistance FMV, appraisal, other)
		•				
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informati	on required in Part I,	line 2, and any other addi	tional information.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2

THE PURPOSE OF ALL GRANTS IS PEDESTRIANS SAFETY ENFORCEMENT ACTIONS AND

THE MONITORING PROCESS FOLLOWS: ASSOCIATED COMMUNITY OUTREACH.

- THEIR PLAN FOR SENDING STAFF TO TRAINING, AN ENFORCEMENT ACTION SCHEDULE, 1. WHEN AGENCIES APPLY FOR GRANTS THEY SUBMIT A WORKPLAN THAT INCLUDES THE NUMBER OF STAFF THAT WILL BE USED FOR EACH ACTION, AND THE BILLING RATES FOR STAFF.
- 2. THE BTA REVIEWS THE WORKPLANS AND AWARDS GRANTS AFTER BOTH THE BTA AND
- THERE ARE TWO CLAIM PERIODS AT THE END OF WHICH ENFORCEMENT AGENCIES

ENFORCEMENT AGENCIES SIGN A CONTRACT BASED ON THE WORKPLAN SUBMITTED

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 BICYCLE TRANSPORTATION ALLIANCE Part III

	Use Part IV and Schedule I-1 (Form 990) it additional space is needed	(Form 990) if addition	onal space is neede	۵.		
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
						:
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I	line 2, and any other addi	tional information.
SUBMI	SUBMIT A SIGNED CLAIM ACCOMPANIED BY AN	OMPANIED BY A		ACTIVITY REPORT ON ACTIONS	NS	

CONDUCTED AS WELL AS PRESS RELEASES AND MEDIA RECEIVED.

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public inspection

Name of the organization

BICYCLE TRANSPORTATION ALLIANCE

Employer identification number 93–1057956

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

NATIONAL SAFE ROUTES TO SCHOOL CONFERENCE -- HOSTED AND ORGANIZED NATIONAL EVENT ON THE SAFE ROUTES TO SCHOOL PROGRAM. INCLUDED OVER 550 HEALTH, TRANSPORTATION AND EDUCATION PROFESSIONALS.

BTA BIKE SAFETY EDUCATION INSTRUCTORS TEACH COURSES IN 4TH-7TH GRADE

CLASSROOMS, MEETING NUMEROUS CURRICULUM BENCHMARKS MANDATED BY THE STATE OF

OREGON. THE BICYCLE SAFETY EDUCATION PROGRAM BRINGS RESOURCES INTO SCHOOLS

INCLUDING A TRAINED INSTRUCTOR, A FLEET OF 30 BIKES, HELMETS, BROCHURES AND

PAMPHLETS, SAFETY VESTS, VIDEOS, AND OTHER EQUIPMENT. THE BTA ALSO TRAINS

INSTRUCTORS, COORDINATES PROGRAM LOGISTICS, AND ASSISTS WITH FUNDRAISING

AND VOLUNTEER COORDINATION.

THE BTA HELPS IMPLEMENT AND TEACH THE SHARE THE ROAD SAFETY CLASS, WHICH FOCUSES ON TRAFFIC LAW AND SAFETY ISSUES AS THEY RELATE TO BICYCLISTS, PEDESTRIANS AND MOTORISTS NEEDING TO SHARE THE PUBLIC RIGHT-OF-WAY IN A SAFE AND LAWFUL MANNER.

THE BTA MANAGES A PROGRAM FUNDED BY THE OREGON DEPARTMENT OF TRANSPORTATION

TO DISTRIBUTE PEDESTRIAN SAFETY ENFORCEMENT MINI-GRANTS TO POLICE

DEPARTMENTS STATEWIDE TO EDUCATE MOTORISTS ABOUT SAFE AND LEGAL DRIVING.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT
TRAFFIC SAFETY ISSUES, DEVELOP SAFETY CAMPAIGNS, AND CREATE COMMUNITY

POLICING PROGRAMS.

THE BTA PARTNERS WITH PUBLIC AGENCIES, NONPROFITS, PUBLIC HEALTH PROFESSIONALS, AND BUSINESS COMMUNITIES THROUGHOUT OREGON TO BUILD HIGH-LEVEL SUPPORT FOR INCREASING FUNDING FOR ACTIVE TRANSPORTATION INITIATIVES.

THE BTA ADVOCATES AT THE STATE LEGISLATURE FOR LAWS THAT PROTECT SAFETY OF ALL ROADWAY USERS, EXPAND DRIVER AND BICYCLIST EDUCATION, INSTITUTE POLICIES THAT FACILITATE WALKING AND BIKING TO SCHOOL, AND INCREASE FUNDING FOR ACTIVE TRANSPORTATION.

AT THE REGIONAL LEVEL, THE BTA WORKS TO INTEGRATE ACTIVE TRANSPORTATION POLICIES INTO REGIONAL TRANSPORTATION PLANNING, DEVELOP HIGH-QUALITY PLANNING GUIDELINES, AND GROW THE BICYCLE TRAIL NETWORK CONNECTING URBAN AND NATURAL AREAS.

AT THE NATIONAL LEVEL, THE BTA LOBBIES OREGON SENATORS AND REPRESENTATIVES
IN CONGRESS TO PASS FEDERAL LEGISLATION THAT SUPPORTS FUNDING FOR ACTIVE
TRANSPORTATION AND SAFE ROUTES TO SCHOOL PROGRAMS.

THE BTA COLLABORATES WITH RESEARCH INSTITUTIONS AND AGENCIES TO DEVELOP INNOVATIVE BICYCLE TRIP MODELING SYSTEMS AND OTHER RESEARCH PROJECTS.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

AT THE ANNUAL ALICE AWARDS AND AUCTION, THE BTA RECOGNIZES INDIVIDUALS,
BUSINESSES, AGENCIES AND ELECTED OFFICIALS WHO HAVE MADE A SIGNIFICANT

CONTRIBUTION TO BICYCLING IN THEIR COMMUNITY. THE EVENT IS ALSO A FUNDRAISER, PROVIDING APPROXIMATELY 5% OF THE BTA'S BUDGET.

THE BTA PROMOTES BICYCLING YEAR-ROUND THROUGH EVENTS SUCH AS THE PROVIDENCE BRIDGE PEDAL, TOUR DE FAT, AND NIGHT RIDE.

THE BTA PROVIDES A VARIETY OF VOLUNTEER OPPORTUNITIES AND WAYS TO GET INVOLVED. BTA VOLUNTEERS HELP COORDINATE RIDES AND EVENTS, ASSIST OUR BIKE SAFETY EDUCATION INSTRUCTORS, PROVIDE IN-OFFICE SUPPORT FOR STAFF, AND MORE.

- THE BTA COMMUNICATES ABOUT OUR ADVOCACY, ENCOURAGEMENT, AND VOLUNTEER

  PROGRAMS THROUGH OUR WEBSITE, E-NEWSLETTER, AND COMMUNITY OUTREACH EVENTS.
- FORM 990, PART VI, LINE 7A ELECTION OF MEMBERS AND THEIR RIGHTS

  THE BICYCLE TRANSPORTATION ALLIANCE IS GOVERNED BY A VOLUNTEER BOARD OF
  DIRECTORS, ELECTED BY OUR MEMBERS EACH OCTOBER. THE BOARD ESTABLISHES AND
  MONITORS MAJOR POLICY DIRECTION, OVERSEES THE FINANCES AND HELPS SECURE
  RESOURCES FOR THE ORGANIZATION, AND WORKS IN COOPERATION WITH THE STAFF TO
  FULFILL THE BTA'S GOALS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FINANCE COMMITTEE REVIEWS DRAFT AND RECOMMENDS APPROVAL BY BOARD WHICH
APPROVES 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
WE HAVE FORMS ON FILE FOR EACH OFFICER AND KEY EMPLOYEE. POTENTIAL

Name of the organization

BICYCLE TRANSPORTATION ALLIANCE

Employer identification number

93-1057956

CONFLICTS OF INTEREST ARE ADDRESSED AT MEETINGS OF THE BOARD AND DISCLOSED IF APPROPRIATE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD REVIEWED SALARY SURVEY FOR KEY EMPLOYEES TO DETERMINE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
BOARD REVIEWED SALARY SURVEY FOR KEY EMPLOYEES TO DETERMINE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

ANNUAL REPORTS, CONFLICT OF INTEREST POLICY AND OTHER SPECIFIC DOCUMENTS ARE AVAILABLE THROUGH THE FINANCE OFFICE.