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# CHANGE 120 AGCOUNTING PERIOD

Department of the Treasury Internal Revenue Service

# **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)

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

OMB No 1545-0047 2009 Open to Public

|   |                  |                              | 01/01/10 00/01   | 10                               |                                       |                       | i mapechon                         |
|---|------------------|------------------------------|--|----------------------------------|---------------------------------------|-----------------------|------------------------------------|
| <u>A</u>                                | For the 200      |                              | par, or tax year beginning $01/01/10$ , and ending $08/31/10$  | <u> 10</u>                       |                                       |                       | <del></del>                        |
| В                                       | Check if applica |                              | C Name of organization   |                                  | D                                     | Emplo                 | oyer identification number         |
|   | Address chang    | e use IRS<br>label or        | BICYCLE TRANSPORTATION ALLIANCE  |                                  |                                       |                       |                                    |
| $\bar{\Box}$                            | Name change      | print or                     | Doing Business As  |                                  |                                       | 93-                   | -1057956                           |
| 片                                       | Maile Glange     | type                         | Number and street (or P O box if mail is not delivered to street address)  | Room/suite                       | E                                     | Teleph                | none number                        |
| Ш                                       | Initial return   | See                          | 233 NW 5TH AVENUE  |                                  |                                       |                       | 3-226-0676                         |
| П                                       | Termination      | Specific                     | City or town, state or country, and ZIP + 4  |                                  |                                       |                       | 600 050                            |
| $\overline{\Box}$                       | A                | Instruc-                     | PORTLAND OR 97209  |                                  | 19.9                                  | Gross rece            | ipis \$ 000,333                    |
| 닏                                       | Amended return   |                              | <u> </u>   |                                  |                                       |                       |                                    |
|   | Application pen  | ung                          | e and address of principal officer   |                                  | H(a                                   | i) Is this            | a group return for                 |
|   |                  | l l                          | SAN OTCENAS  |                                  | ши                                    | affiliate<br>Are all  |                                    |
|   |                  | 4                            | 3 NW 5TH AVE   |                                  | 1                                     | include               | ed? Yes No                         |
|   |                  | PC                           | RTLAND OR 97209  |                                  |                                       | If "No,"              | * attach a list (see instructions) |
| <u>1</u>                                | Tax-exempt       | status                       | 501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527  |                                  |                                       |                       |                                    |
| J                                       | Website:         | . WWW . I                    | STA4BIKES.ORG  |                                  | H(c                                   | ) Group               | exemption number                   |
| ĸ                                       | Type of organia  | zation X Co                  | rporation Trust Association Other ▶ L  | . Year of format                 | 4 0 0                                 |                       | M State of legal domicile OR       |
| *************************************** | art I            | Summa                        | <del></del>  |                                  |                                       | -                     |                                    |
|   |                  |                              | he organization's mission or most significant activities:  |                                  |                                       | ·                     |                                    |
|   |                  | •                            | · ·  | _                                |                                       |                       |                                    |
| ø                                       |                  |                              | res healthy, sustainable communities by making   | ÷                                |                                       |                       |                                    |
| ä                                       | В                | ICYCLIN                      | S SAFE, MORE CONVENIENT AND MORE ACCESSIBLE.   |                                  |                                       |                       |                                    |
| Ĕ                                       |                  |                              |  |                                  |                                       |                       |                                    |
| Š                                       | 2 Che            | ck this box                  | If the organization discontinued its operations or disposed of more than 2   | 5% of its net                    | assets.                               |                       |                                    |
| Ŏ                                       | 1                |                              | members of the governing body (Part VI, line 1a)   |                                  |                                       | 3                     | 14                                 |
| oō<br>v                                 | ł                | •                            | endent voting members of the governing body (Part VI, line 1b)   |                                  |                                       | 4                     | 14                                 |
| Activities & Governance                 | 1                | •                            |  |                                  |                                       | <del>⊢∸+</del>        | 34                                 |
| ξį                                      | 1                |                              | employees (Part V, line 2a)  |                                  |                                       | 5                     |                                    |
| Ą                                       | 1                |                              | volunteers (estimate if necessary)   |                                  |                                       | 6                     | 150                                |
|   | 7a Tota          | I gross unrel                | ated business revenue from Part VIII, column (C), line 12  |                                  |                                       | 7a                    |                                    |
|   | b Net            | unrelated bu                 | siness taxable income from Form 990-T, line 34   |                                  |                                       | 7b                    |                                    |
|   |                  |                              |  |                                  | rior Year                             |                       | Current Year                       |
| Φ                                       | 8 Con            | tributions an                | d grants (Part VIII, line 1h)  | 1                                | ,327,                                 |                       | 599,100                            |
| Š                                       | 9 Prog           | gram service                 | revenue (Part VIII, line 2g)   |                                  | 159,                                  | 266                   | 19,785                             |
| Revenue                                 | 10 Inve          | stment incor                 | 1,   | 066                              | 336                                   |                       |                                    |
| ď                                       | 1                |                              | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  | 31,                                   |                       | 2,238                              |
|   | 1                |                              | add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1                                | ,519,                                 |                       | 621,459                            |
|   |                  |                              | ar amounts paid (Part IX, column (A), lines 1–3)   | <del> </del>                     | 68,                                   |                       | 16,607                             |
|   | I .              |                              |  |                                  | - 00,                                 | 302                   | 10,007                             |
|   | 1                | •                            | or for members (Part IX, column (A), line 4)<br>compensation, <sub>l</sub> e <del>mployee_benefits.(Part IX, column</del> (A), lines 5–10)   |                                  | OOF                                   | 722                   | F00 160                            |
| es                                      | 1                |                              | 805,   | 132                              | 500,169                               |                       |                                    |
| enses                                   | 16a Prof         | essional fund                |  |                                  | 15,000                                |                       |                                    |
| Ехре                                    | <b>b</b> Tota    | l fundraising                | expenses (Part X, column (D), line 25) \( \bigcirc \)  |                                  |                                       |                       |                                    |
| Ξ                                       |                  |                              | (Part IX, columes (A), Ingsp 1ag-1ad, 414-24100  |                                  | 453,                                  | 373                   | 173,928                            |
|   | <b>18</b> Tota   | l expenses.                  | Add lines 13-17 (must equal Part IX, column (A) line 25)   | 1                                | ,327,                                 | 487                   | 705,704                            |
|   | 1                |                              | penses Subtract-line 18-from line 12   |                                  | 191,                                  | 704                   | -84,245                            |
| P 8                                     |                  |                              | L OGDEN, UT  | Beginnin                         | g of Current                          |                       | End of Year                        |
| Net Assets or<br>Fund Balances          | <b>20</b> Tota   | l assets (Pa                 |  |                                  | 551,                                  | 098                   | 507,339                            |
| Ass                                     | 21 Tota          | •                            | art X, line 26)  |                                  | 40,                                   |                       | 80,490                             |
| Set                                     | 22 Net           | •                            | d balances. Subtract line 21 from line 20  |                                  | 511,                                  | $\overline{}$         | 426,849                            |
|   | art II           |                              | re Block   | 1.                               |                                       | <u> </u>              |                                    |
|   | MF AI            |                              |  |                                  |                                       |                       |                                    |
|   |                  | under pena<br>and belief, it | ties of perjury, I declare that Trave examined this return, including accompanying schedule:<br>is true, correct, and complete, Declaration of preparer (other than officer) is based on all inf | s and statemer<br>ormation of wh | nts, and to th<br>nich preparer       | ie best o<br>r has an | it my knowleage<br>v knowleage     |
|   |                  | , X                          | 11161 ( HONDS  |                                  | , , , , , , , , , , , , , , , , , , , | 1 7                   | - 🗖 - 🗸                            |
| Sig                                     | gn               |                              | www. Colores   |                                  |                                       | ⊥≾                    | <del>/-//</del>                    |
| He                                      | re               | Signati                      | re of officer  | _                                |                                       | Date                  |                                    |
|   |                  |                              | SUSAN OTCENAS, BOARD TREASURER   | <u>ر</u>                         |                                       |                       |                                    |
|   |                  | Туре о                       | print name and title   |                                  |                                       |                       |                                    |
|   |                  |                              | Date   |                                  | Check if                              |                       | Preparer's identifying number      |
| Pa                                      | id               | Preparer's<br>signature      |  | 2/11                             | self-                                 |                       | (see instructions)                 |
|   | eparer's         | arginature                   |  | <i></i>                          | employed >                            |                       | P00088854                          |
|   | e Only           | Firm's name                  | JAMES E. RICHMAN, CPA, PC  |                                  |                                       | EIN 🕨                 | 93-1309646                         |
|   | J J,             | rf self-emplo                |  |                                  |                                       | Phone                 |                                    |
|   |                  | address, an                  | DORTLAND, OR 97258   |                                  |                                       | no 🕨                  | <u> 503-295-3780</u>               |
| Ма                                      | y the IRS d      | scuss this re                | turn with the preparer shown above? (see instructions)   |                                  |                                       |                       | Yes No                             |
|   |                  | ct and Pape                  | rwork Reduction Act Notice, see the separate instructions.   |                                  |                                       |                       | Form <b>990</b> (2009)             |
| DAA                                     | 4                |                              |  |                                  |                                       |                       | <i>i</i> A                         |

| Form 990 (2009) BICYCLE TRANSPORTATION ALLIANO   |   |
|--|---|
| Part III Statement of Program Service Accomplishment  1 Briefly describe the organization's mission.  BTA CREATES HEALTHY, SUSTAINABLE COMM BICYCLING SAFE, MORE CONVENIENT AND M  | UNITIES BY MAKING   |
| <ul> <li>2 Did the organization undertake any significant program services during the the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.</li> <li>3 Did the organization cease conducting, or make significant changes in how services? If "Yes," describe these changes on Schedule O.</li> <li>4 Describe the exempt purpose achievements for each of the organization's Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust allocations to others, the total expenses, and revenue, if any, for each program or the program of the pro</li></ul> | Yes X No  It conducts, any program  Yes X No  three largest program services by expenses s are required to report the amount of grants and  |
| 4a (Code. ) (Expenses \$ 234,466 including gr EDUCATION:  THE BTA EDUCATES CHILDREN, YOUTH AND ACTIVE TRANSPORTATION TO GET TO AND F THEIR COMMUNITIES.  OREGON AND PORTLAND WALK + BIKE PROGR COORDINATED BY THE BICYCLE TRANSPORTA CHILDREN, YOUTH, AND FAMILIES TO USE AND FROM SCHOOL AND THROUGHOUT THEIR REACHED OVER 60 SCHOOLS AND 4000 STUD   | FAMILIES TO USE SAFE, ROM SCHOOL OR WORK AND THROUGHOUT  AM: OREGON'S WALK + BIKE PROGRAM IS TION ALLIANCE (BTA) TO ENCOURAGE SAFE, ACTIVE, TRANSPORTATION TO GET TO COMMUNITIES THROUGHOUT THE YEAR. |
| 4b (Code ) (Expenses \$ 110,508 including gr ADVOCACY:  THE BTA ADVOCATES FOR BICYCLING INFRA AND STATE LEVEL AND ENGAGES COMMUNITY  THE BTA WORKS WITH LOCAL GOVERNMENTS IMPLEMENT MORE AND BETTER BIKE INFRAS BOULEVARDS, CYCLE TRACKS, BUFFERED BI BETTER BIKE PARKING AT TRANSIT STOPS.  THE BTA WORKS WITH POLICE ENFORCEMENT   | STRUCTURE AND PROGRAMS AT THE LOCAL MEMBERS IN OUR ADVOCACY ACTIVITIES.  AND TRANSPORTATION AGENCIES TO TRUCTURE, INCLUDING BICYCLE KE LANES, ON-STREET BIKE CORRALS, AND                             |

165,147 including grants of \$ 4c (Code ) (Expenses \$ ) (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.) |                        |                                       |  |  |  |  |  |  |  |  |  |  |
|---|------------------------|---------------------------------------|--|--|--|--|--|--|--|--|--|--|
| (Expenses \$  | including grants of \$ | ) (Revenue \$                         |  |  |  |  |  |  |  |  |  |  |
| 4e Total program service expenses ▶                 | 510,121                |                                       |  |  |  |  |  |  |  |  |  |  |
|   |                        | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |  |  |  |  |  |

#### Form 990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Page 3 Part 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," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 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," X complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 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," X complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 X VII, VIII, IX, or X as applicable 11 • 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 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Νo Yes X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

19

20

X

X

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

| Forn | n 990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956  |     | F        | age 4      |
|------|--|-----|----------|------------|
|      | art IV Checklist of Required Schedules (continued)   |     |          |            |
|      |  |     | Yes      | No         |
| 21   | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations        |     |          |            |
|      | 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                   |     |          |            |
|      | 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              | }   |          |            |
|      | employees? If "Yes," complete Schedule J   | 23  |          | X          |
| 24a  | 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 |          | <u> </u>   |
| С    | 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 |          |            |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?              | 24d |          |            |
| 25a  | 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 |          | - <b>X</b> |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a           |     | l        | ŀ          |
|      | 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,            |     |          |            |
|      | Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                   |     |          |            |
| а    | 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         | İ   |          |            |
|      | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,        |     |          |            |
|      | Part IV  | 28c |          | 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,          | 1   |          |            |
|      | Part I   | 31  | <u> </u> | X          |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete     |     |          |            |
|      | Schedule N, Part II  | 32  |          | 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  |          | 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  | <u> </u> | X          |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related         |     |          |            |
|      | organization? If "Yes," complete Schedule R, Part V, line 2  | 36  | <u> </u> | X          |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization     |     |          |            |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,                 |     | 1        |            |

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

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

Form **990** (2009)

Part VI

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 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 reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 34 Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h 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? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 1<u>2</u>a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Page 6 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 1a Enter the number of voting members of the governing body **b** 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 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 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a  $\overline{\mathbf{x}}$ 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? X 8b Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 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 Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 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 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

| Section C. I | Disclosure |
|--------------|------------|
|--------------|------------|

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

the organization's exempt status with respect to such arrangements?

18 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ANGELA SABIN 233 NW 5TH AVE

PORTLAND

OR 97209

503-226-0676

# Part VIII 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."

Check this box if the organization did not compensate any current officer, director, or trustee

- 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) (C) Average Position (check all that apply) |                                | ply)                  | (D)  Reportable compensation | (E) Reportable compensation | (F) Estimated amount of      |        |                                       |  |  |
|----------------------|---|--------------------------------|-----------------------|------------------------------|-----------------------------|------------------------------|--------|---------------------------------------|--|--|
|                      | hours per<br>week                               | Individual trustee or director | Institutional trustee | Officer                      | Key employee                | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | amount of other other compensation from the organization and related organizations |
| MARY ROBERTS         |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| CHAIR                | 1.00  | X                              |                       | X                            |                             |                              |        | 0                                     | 0  | 0  |
| STEPHEN GOMEZ        |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| VICE-CHAIR           | 1.00  | X                              |                       | X                            |                             |                              |        | 0                                     | 0  | 0  |
| SUSAN OTCENAS        |   |                                |                       |                              |                             |                              |        |                                       | !  |  |
| TREASURER            | 1.00  | X                              |                       | X                            |                             |                              |        | 0                                     | 0  | 0  |
| JEFF KNAPP           |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| SECRETARY            | 1.00  | X                              |                       | X                            |                             |                              |        | 0                                     | 0  | 0  |
| AUSTIN RAMSLAND      |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| NANCY PAUTSCH        |   |                                |                       |                              |                             |                              |        |                                       |  | -  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| DOUG PARROW          |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| PAUL ADKINS          |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| JOHN BEASTON         |   |                                |                       |                              |                             | 1                            |        |                                       |  | , <del>-</del>   |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| JIM MIDDAUGH         |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| MARY FETSCH          |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| TOMMY BROOKS         |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| J S MAY              |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              | L                           |                              |        | 0                                     | 0  | 0  |
| CHRIS ACHTERMAN      |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| DIRECTOR             | 1.00  | X                              |                       |                              |                             |                              |        | 0                                     | 0  | 0  |
| ROOPAL PATEL         |   | i                              |                       |                              |                             |                              |        |                                       |  |  |
| HR & FINANCE DIRECTO | 40.00   | _                              |                       | X                            |                             | $\sqcup$                     |        | 40,400                                | 0  | 3,987  |
| ROB SADOWSKY         |   |                                |                       |                              |                             |                              |        |                                       |  |  |
| EXECUTIVE DIRECTOR   | 40.00   | <u> </u>                       | <u> </u>              | X                            |                             |                              |        |                                       | 0  | 0  |
| SUSAN REMMERS        |   |                                |                       | 1_                           |                             |                              |        |                                       |  |  |
| INTERIM EXEC. DIRECT | 13.00   |                                |                       | X                            | _                           |                              |        | 0                                     | 0  | 0  |
| DAA                  |   |                                |                       |                              |                             |                              |        |                                       |  | Form <b>990</b> (2009)   |

| Pai      | rt VII     | Section A. Officers,   | Directors, Trus             | tees                           | , Ke   | y En       | nplo                     | yees    | , an      | d Highest Compensated E                               | mployees (continued)                             |  |                          |                            |          |
|----------|------------|--|-----------------------------|--------------------------------|--|------------|--------------------------|---------|-----------|---|--|--|--------------------------|----------------------------|----------|
|          | ,<br>Nan   | (A)<br>ne and Title  | (B)<br>Average<br>hours per | <u> </u>                       | _  | chec       |                          | hat a   |           | (D) Reportable compensation                           | (E) Reportable compensation                      |  | (F)<br>Estimat<br>amount |                            |          |
|          |            |  | week                        | Individual trustee or director | Officer Institutional trustee Individual trustee or director |            | employee<br>Key employee |         | Former    | from<br>the<br>organization<br>(W-2/1099-MISC)        | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensa<br>from th<br>organizat<br>and relat<br>organizati |                          | ation<br>ne<br>tion<br>ted |          |
| Aì       | NGELA      | SABIN  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
| FIN      | ANCE D     | IRECTOR  | 36.00                       |                                |  | X          |                          |         |           | 0   | 0  |  |                          |                            | 0        |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
|          |            |  |                             |                                |  |            |                          |         |           |   |  | <del> </del>   |                          |                            |          |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
|          |            |  |                             | _                              |  |            |                          |         |           |   |  |  |                          |                            | ·•       |
|          |            |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
| 1b<br>2  |            |  |                             |                                | to th  | ose        | liste                    | d abo   | ►<br>ove) | who received more than \$1                            |  |  |                          | 3,9                        | 987      |
|          | reportable | e compensation from t  | ine organization            |                                | <u> </u>   |            |                          |         |           |   |  |  | $\neg$                   | Yes                        | No       |
| 3        | employee   | on line 1a? If "Yes,"  | complete Schedu             | ıle J                          | for s  | uch i      | indiv                    | ıdual   | ·         | ee, or highest compensated and other compensation fro |  |  | 3                        |                            | х        |
| 4        | the organ  | ization and related or   | ganizations grea            | ter th                         | an \$  | 150,       | 0007                     | ≀lf"Y   | es,'      | complete Schedule J for su                            | uch  |  | 4                        | -                          | x        |
| 5        |            | rendered to the organ  |                             |                                |  |            |                          |         |           | unrelated organization for<br>uch person              |  |  | 5                        |                            | <u>x</u> |
| Sec<br>1 | Complete   | dependent Contractor this table for your five ation from the organiz | e highest compe             | nsate                          | ed inc   | depe       | nder                     | nt co   | ntra      | ctors that received more that                         | n \$100,000 of                                   |  |                          |                            |          |
|          | compens    |  | (A)<br>business address     |                                |  |            |                          |         |           | Descri  | (B)<br>otion of services                         |  | Cor                      | (C)                        | on       |
|          | ···        | name and   | Dasiness address            |                                |  |            |                          |         |           | 20064   |  |  |                          | проподо                    | <u> </u> |
|          | -          |  |                             |                                |  |            |                          |         |           |   |  |  |                          |                            |          |
| _        |            |  |                             |                                |  |            |                          |         | -         |   |  |  |                          |                            |          |
|          |            |  |                             |                                | -  | <u>-</u> - | -                        |         |           |   |  |  | <del></del>              | -                          |          |
| 2        |            | nber of independent c  |                             |                                |  |            |                          | l to th | nose      | listed above) who received                            | <br>   |  | 0                        |                            |          |
|          |            | ,300 00por   |                             |                                |  |            |                          |         |           |   | ·  |  |                          | 990                        | (2000    |

| Pa   | rt V   | Statement of Reve                                      | nue             |              |            |                      |  |   |   |
|--|--------|--|-----------------|--------------|------------|----------------------|--|---|---|
|  |        |  |                 |              |            | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S  | 40     | Federated campaigns                                    | 1a              |              |            | -                    | revenue_   | · · ·                                   | 312, 313, 01 314  |
| ant  |        | Membership dues  | 1b              |              |            | I                    |  |   |   |
| PO   |        | Fundraising events                                     | 1c              |              | 146,230    | 1                    |  |   |   |
| ifs  |        | Related organizations                                  | 1d              |              | 110,230    | 1                    |  |   |   |
| P,E  | u      | Government grants (contributions)                      | 1e              |              | 261,127    | I                    |  |   |   |
| Sign   | •      | All other contributions, gifts, grants,                | 10              |              | -01/11/    | 1                    |  |   |   |
| Per i  | •      | and similar amounts not included above                 | <sub>1f</sub>   | •            | 191,743    | I                    |  |   |   |
| di   |        | Noncash contributions included in lines 1a-            |                 |              | 17,063     | I                    |  |   |   |
| Se   | g<br>h | Total. Add lines 1a–1f                                 |                 | •            | ▶          | 599,100              |  |   |   |
| Program Service Revenue Contributions, gifts, grants |        |  |                 |              | Busn. Code |                      |  |   |   |
| ē  | 2a     | OTHER PROGRAM SERVIO                                   | CES             |              | 611710     | 19,785               | 19,785   |   |   |
| ş  | b      |  |                 |              |            | ·                    |  |   |   |
| <u>3</u>   | c      |  |                 |              |            |                      |  |   |   |
| ě  | d      | d e f All other program service revenue                |                 |              |            |                      |  |   | <u> </u>  |
| Ē  | е      |  |                 |              |            |                      |  |   |   |
| E B  | f      |  |                 |              |            |                      |  |   |   |
| P  | g      | Total. Add lines 2a-2f                                 |                 | _            | <b>•</b>   | 19,785               |  |   |   |
|  | 3      | Investment income (including d                         | ividend         | s, interest, | and        |                      |  |   |   |
|  |        | other similar amounts)                                 |                 |              | ▶          | 336                  |  |   | 336   |
|  | 4      | Income from investment of tax-                         | exemp           | bond proc    | eeds ▶     |                      |  |   |   |
|  | 5      | Royalties  |                 |              | <u> </u>   |                      |  |   |   |
|  |        | (ı) Real   |                 | (II) Pe      | rsonal     | 1                    |  |   |   |
|  | 6a     | Gross Rents  |                 |              |            | 1                    |  |   |   |
|  | b      | Less rental exps                                       |                 |              |            | I                    |  |   |   |
|  | C      | Rental inc or (loss)                                   |                 |              |            | <b>‡</b>             |  | 1                                       |   |
|  | d      | Net rental income or (loss)                            |                 |              | <b>•</b>   |                      |  |   |   |
|  | 7a     | Gross amount from sales of assets (i) Securities       | (11) C          | Other        | I I        |                      |  |   |   |
|  |        | other than inventory                                   |                 |              |            | 1                    |  |   |   |
|  | b      | Less cost or other                                     |                 |              |            | 1                    |  |   |   |
|  |        | basis & sales exps                                     |                 |              |            | 1                    |  |   |   |
|  | С      | Gain or (loss)   |                 |              |            | ŧ                    |  | 1                                       |   |
| •  | d      | Net gain or (loss)                                     | . [             |              | •          |                      |  |   |   |
| ne   | 8a     |  |                 |              |            | 1                    |  |   |   |
| je j   |        | (not including \$ 146,                                 |                 |              |            | 1                    | 1  |   |   |
| Re   |        | of contributions reported on line 1c)                  | - 1             |              | 35,450     | I                    |  |   |   |
| Other Reven  |        | See Part IV, line 18                                   | a<br>b          |              | 64,406     | 1                    |  |   |   |
| Ö  |        | Less: direct expenses  Net income or (loss) from fundi | ~ [             | evente       | 04,400     | -28,956              | -28,956  | Ī                                       |   |
|  |        | Gross income from gaming activitie                     | Г               | EVEIRS       |            | 20,550               | 20,330   |   |   |
|  | Ja     | See Part IV, line 19                                   | a               |              |            | I                    |  |   |   |
|  | ь      | Less direct expenses                                   | ь               |              |            |                      |  |   |   |
|  |        | Net income or (loss) from gami                         | י -<br>na activ | vities       | ▶          |                      |  |   |   |
|  |        | Gross sales of inventory, less                         | [               |              |            |                      |  |   |   |
|  |        | returns and allowances                                 | а               |              | 23,370     | 1                    |  |   |   |
|  | b      | Less: cost of goods sold                               | ь               |              | 2,488      | 1                    |  |   |   |
|  |        | Net income or (loss) from sales                        | of inve         | entory       | <b>•</b>   | 20,882               | 20,882   |   |   |
|  |        | Miscellaneous Revenue                                  |                 |              | Busn. Code |                      |  |   |   |
|  | 11a    | MISC   |                 |              | 90099      | 10,312               | 10,312   |   |   |
|  | b      |  |                 |              |            |                      |  |   |   |
|  | С      |  |                 |              |            |                      |  |   |   |
|  | d      | All other revenue                                      |                 | Į            |            |                      |  |   |   |
|  | е      | Total. Add lines 11a-11d                               |                 |              | ▶          | 10,312               |  |   |   |
|  | 12     | Total Revenue. See instruction                         | ns.             |              | <b>•</b>   | 621,459              | 22,023   | 0                                       | 336   |

#### 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).

|     | 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,<br>8b, 9b, and 10b of Part VIII.                                   | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>expenses |  |  |  |  |  |  |  |  |
| 1   | Grants and other assistance to governments and   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| •   | organizations in the U.S. See Part IV, line 21   | 16,607                | 16,607                       |                                     |                                |  |  |  |  |  |  |  |  |
| 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  | 75,076                | 19,760                       | 53,647                              | 1,669                          |  |  |  |  |  |  |  |  |
| 6   | Compensation not included above, to disqualified   |                       | •                            | •                                   |                                |  |  |  |  |  |  |  |  |
| •   | persons (as defined under section 4958(f)(1)) and  |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | persons described in section 4958(c)(3)(B)   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| 7   | Other salaries and wages   | 334,290               | 289,669                      |                                     | 44,621                         |  |  |  |  |  |  |  |  |
| 8   | Pension plan contributions (include section 401(k)   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| 0   | and section 403(b) employer contributions)   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| 9   | Other employee benefits  | 50,502                | 37,661                       | 3,097                               | 9,744                          |  |  |  |  |  |  |  |  |
|     | Payroli taxes  | 40,301                | 30,789                       | 4,917                               | 4,595                          |  |  |  |  |  |  |  |  |
| 10  | r  | 40,301                |                              | 1,51,                               |                                |  |  |  |  |  |  |  |  |
| 11  | Fees for services (non-employees):   | 1,792                 | 1,792                        |                                     |                                |  |  |  |  |  |  |  |  |
| a   | Management   | 1,132                 | 1,192                        |                                     |                                |  |  |  |  |  |  |  |  |
| b   | Legal  | 7,706                 | 617                          | 7,089                               |                                |  |  |  |  |  |  |  |  |
| C   | Accounting   | 7,700                 | 017                          | 7,089                               |                                |  |  |  |  |  |  |  |  |
| d   | Lobbying   | 15,000                |                              |                                     | 15,000                         |  |  |  |  |  |  |  |  |
| e   | Professional fundraising services See Part IV, line 17   | 13,000                |                              |                                     | 13,000                         |  |  |  |  |  |  |  |  |
| f   | Investment management fees   | 16,723                | 11,003                       | 620                                 | 5,100                          |  |  |  |  |  |  |  |  |
| g   | Other  | 530                   | 30                           | 620                                 | 500                            |  |  |  |  |  |  |  |  |
| 12  | Advertising and promotion  | 530                   | 30                           |                                     | 300                            |  |  |  |  |  |  |  |  |
| 13  | Office expenses  | 2 705                 | 2 277                        | 178                                 | 330                            |  |  |  |  |  |  |  |  |
| 14  | Information technology   | 3,785                 | 3,277                        | 1/8                                 | 330                            |  |  |  |  |  |  |  |  |
| 15  | Royalties  | 20 521                | 02 001                       | 0.750                               | C C01                          |  |  |  |  |  |  |  |  |
| 16  | Occupancy  | 32,531                | 23,081                       | 2,759                               | 6,691                          |  |  |  |  |  |  |  |  |
| 17  | Travel   | 11,422                | 8,092                        | 3,184                               | 146                            |  |  |  |  |  |  |  |  |
| 18  | Payments of travel or entertainment expenses   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | for any federal, state, or local public officials  | 10 500                |                              | 45.4                                | 05.4                           |  |  |  |  |  |  |  |  |
| 19  | Conferences, conventions, and meetings   | 10,500                | 9,812                        | 434                                 | 254                            |  |  |  |  |  |  |  |  |
| 20  | Interest   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| 21  | Payments to affiliates   |                       |                              | 1 222                               | 1 000                          |  |  |  |  |  |  |  |  |
| 22  | Depreciation, depletion, and amortization  | 9,444                 | 6,516                        | 1,039                               | 1,889                          |  |  |  |  |  |  |  |  |
| 23  | Insurance  | 3,303                 | 2,661                        |                                     | 642                            |  |  |  |  |  |  |  |  |
|     |  |                       |                              | #                                   |                                |  |  |  |  |  |  |  |  |
| 24  | Other expenses Itemize expenses not  |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | covered above. (Expenses grouped together  |                       |                              | 1                                   |                                |  |  |  |  |  |  |  |  |
|     | and labeled miscellaneous may not exceed   |                       |                              | 1                                   |                                |  |  |  |  |  |  |  |  |
|     | 5% of total expenses shown on line 25 below.)  |                       |                              | <u> </u>                            |                                |  |  |  |  |  |  |  |  |
| а   | OTHER COSTS  | 30,301                | 10,949                       | 15,485                              | 3,867                          |  |  |  |  |  |  |  |  |
| b   | SUPPLIES   | 19,604                | 18,397                       | 553                                 | 654                            |  |  |  |  |  |  |  |  |
| c   | POSTAGE AND DELIVERY   | 6,906                 | 6,457                        | 231                                 | 218                            |  |  |  |  |  |  |  |  |
| d   | EQUIPMENT RENTALS  | 6,901                 | 4,789                        | 832                                 | 1,280                          |  |  |  |  |  |  |  |  |
| е   | PRINTING AND PUBLICATIONS  | 5,382                 | 2,895                        | 68                                  | 2,419                          |  |  |  |  |  |  |  |  |
| f   | All other expenses   | 7,098                 | 5,267                        | 550                                 | 1,281                          |  |  |  |  |  |  |  |  |
| 25  | Total functional expenses.Add lines 1 through 24f  | 705,704               | 510,121                      | 94,683                              | 100,900                        |  |  |  |  |  |  |  |  |
| 26  | Joint costs. Check here ▶ ☐ If following   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | SOP 98-2. Complete this line only if the   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | organization reported in column (B) joint costs from a combined educational campaign and                     | ļ                     |                              |                                     |                                |  |  |  |  |  |  |  |  |
|     | fundraising solicitation   |                       |                              |                                     |                                |  |  |  |  |  |  |  |  |
| DAA |  |                       |                              |                                     | Form <b>990</b> (2009)         |  |  |  |  |  |  |  |  |

| Par           |          | (2009) BICICLE TRANSPORTATION  (* Balance Sheet   | АШ                      | LANCE 93-   | -105/956          |          | Page 11          |  |  |
|---------------|----------|---|-------------------------|-------------|-------------------|----------|------------------|--|--|
| <u> 1. 61</u> |          | Balance Sheet   |                         |             | (A)               |          | (B)              |  |  |
|               |          |   |                         |             | Beginning of year |          | End of year      |  |  |
|               | 1        | Cash—non-interest bearing   |                         |             | 70,608            | 1        | 149,473          |  |  |
|               | 2        | Savings and temporary cash investments  |                         |             | 217,073           |          | 211,408          |  |  |
|               | 3        | Pledges and grants receivable, net  |                         |             |                   | 3        |                  |  |  |
|               | 4        | Accounts receivable, net  |                         | -           | 204,849           | 4        | 85,892           |  |  |
|               | -        | Receivables from current and former officers, directors, tr                               | ustees k                | ev F        |                   | 7        | 33/332           |  |  |
|               | -        | employees, and highest compensated employees Compl  |                         | - t         |                   |          |                  |  |  |
|               |          | Schedule L  | oto i ait i             |             |                   | 5        | f                |  |  |
|               | 6        | Receivables from other disqualified persons (as defined u                                 | nder sec                | tion        | ···               | Ť        | ,                |  |  |
|               | •        | 4958(f)(1)) and persons described in section 4958(c)(3)(B                                 |                         | E .         |                   |          |                  |  |  |
| ļ             |          | Part II of Schedule L   | , compi                 | icic        |                   | 6        | j                |  |  |
| ध             | 7        | Notes and loans receivable, net   |                         | -           | ***               | 7        | -                |  |  |
| ι α           | 8        | Inventories for sale or use   |                         | -           | 2,224             | 8        | 2,018            |  |  |
| ۲             | 9        | Prepaid expenses and deferred charges   |                         | -           | 17,064            | 9        | 21,142           |  |  |
| - 1           |          | Land, buildings, and equipment cost or  | f 1                     | <u> </u>    | 11,001            | 9        |                  |  |  |
|               | ıva      | other basis. Complete Part VI of Schedule D   | 10a                     | 138,903     |                   |          |                  |  |  |
|               | <b>L</b> | Less. accumulated depreciation  | 10b                     | 101,497     | 39,280            | 10c      | 37,406           |  |  |
|               | 11       | Investments—publicly traded securities  | [ 100 ]                 | 101,371     |                   | 11       | 31,400           |  |  |
|               | 12       | Investments—publicly traded securities  Investments—other securities See Part IV, line 11 |                         | -           |                   | 12       |                  |  |  |
|               | 13       | Investments—program-related. See Part IV, line 11   | -                       | <del></del> |                   |          |                  |  |  |
|               | 13<br> 4 | Intangible assets   | -                       | <del></del> | 13<br>14          |          |                  |  |  |
| J             | 15       | _   |                         | <del></del> |                   |          |                  |  |  |
| - 1           |          | Other assets. See Part IV, line 11  |                         |             | 551,098           | 15       | 507,339          |  |  |
|               | 7        | Total assets. Add lines 1 through 15 (must equal line 34)                                 |                         |             | 21,505            | 16       | 16,241           |  |  |
|               |          | Accounts payable and accrued expenses   | F                       | 21,303      | 17                | 10,241   |                  |  |  |
|               | 8        | Grants payable  |                         | }           | *                 | 18       |                  |  |  |
|               | 9        | Deferred revenue  |                         | -           |                   | 19<br>20 |                  |  |  |
|               | 20       | •   | exempt bond liabilities |             |                   |          |                  |  |  |
| .≝ ।          | 21       | Escrow or custodial account liability. Complete Part IV of S                              |                         | , u         |                   | 21       |                  |  |  |
| []            | 22       | Payables to current and former officers, directors, trustees                              |                         |             |                   |          |                  |  |  |
| <u>ia</u>     |          | employees, highest compensated employees, and disqua                                      | illea                   |             |                   |          | :                |  |  |
|               |          | persons. Complete Part II of Schedule L   |                         | -           |                   | 22       |                  |  |  |
|               |          | Secured mortgages and notes payable to unrelated third p                                  |                         | -           |                   | 23       |                  |  |  |
|               |          | Unsecured notes and loans payable to unrelated third par                                  | ues                     | -           | 18,499            | 24       | 64 240           |  |  |
|               |          | Other liabilities Complete Part X of Schedule D   |                         | -           | 40,004            | 25       | 64,249<br>80,490 |  |  |
| $\neg$        | 26       | Total liabilities. Add lines 17 through 25  | 7                       |             | 40,004            | 26       | 80,490           |  |  |
| Balances      |          | Organizations that follow SFAS 117, check here  | and                     |             |                   |          |                  |  |  |
| <u>آڇ</u> ا   |          | complete lines 27 through 29, and lines 33 and 34.  |                         |             | 365,912           |          | 216 044          |  |  |
| <u> </u>      | 27       | Unrestricted net assets   |                         | -           | 145,182           |          | 316,944          |  |  |
|               | 28       | Temporarily restricted net assets   |                         | -           | 145,162           | 28       | 109,905          |  |  |
| <u> </u>      | 29       | Permanently restricted net assets   | . <b>.</b>              |             |                   | 29       |                  |  |  |
| Ē             |          | Organizations that do not follow SFAS 117, check her                                      | ⊌ ▶                     |             |                   |          |                  |  |  |
| ٥١            |          | and complete lines 30 through 34.   |                         | ŀ           |                   | ,,       |                  |  |  |
| \$ 13         | 30       | Capital stock or trust principal, or current funds  |                         | }           | ***               | 30       |                  |  |  |
| SS            | 31       | Paid-in or capital surplus, or land, building, or equipment f                             |                         | <u>.</u> }  |                   | 31       |                  |  |  |
| ~             | 32       | Retained earnings, endowment, accumulated income, or o                                    | omer tun                | us          | E11 004           | 32       | 126 040          |  |  |
| <u>آ چ</u>    | 33       | Total net assets or fund balances   |                         |             | 511,094           | 33       | 426,849          |  |  |
| <u> </u>      | 34       | Total liabilities and net assets/fund balances  |                         |             | 551,098           | 34       | 507,339          |  |  |

Form **990** (2009)

**b** 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.

Form **990** (2009)

3b

#### 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

| P       | irt I  | Reas  | on for Public Charity S          | Status (All organizations                       | must c   | omplete                   | this p     | art.) S    | ee ins                   | truction   | ons.      |              |    |
|---------|--|---|----------------------------------|---|--|---------------------------|------------|------------|--------------------------|------------|-----------|--------------|----|
| The •   | orgai  | nization is not a   | a private foundation because     | it is: (For lines 1 through 11, che             | ck only o  | ne box.)                  |            |            |                          |            |           | •            |    |
| 1       | П  | A church, cor   | vention of churches, or asso     | ciation of churches described in                | section 1  | 70(b)(1)(                 | A)(i).     |            |                          |            |           |              |    |
| 2       | П  | A school desc   | cribed in section 170(b)(1)(A    | )(ii). (Attach Schedule E.)                     |  |                           |            |            |                          |            |           |              |    |
| 3       | П  | A hospital or   | a cooperative hospital service   | e organization described in section             | on 170(b)  | (1)(A)(iii)               |            |            |                          |            |           |              |    |
| 4       | П  | A medical res   | earch organization operated      | in conjunction with a hospital des              | scribed in                                       | section 1                 | 170(b)(1)  | (A)(iii).  | Enter th                 | e hospi    | tal's nam | ne,          |    |
|         |  | city, and state   | e:                               |   |  |                           |            |            |                          | •          |           | ·            |    |
| 5       |  | •   |                                  | a college or university owned or                | operated   | by a gove                 | ernmenta   | ıl unıt de | scribed                  | ın         |           |              |    |
|         | section 170(b)(1)(A)(iv). (Complete Part II.)  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
| 6       | $\Box$   | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |                                  |   |  |                           |            |            |                          |            |           |              |    |
| 7       | An organization that normally receives a substantial part of its support from a governmental unit or from the general public   |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         | described in section 170(b)(1)(A)(vi). (Complete Part II.)   |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
| 8       | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
| 9       | An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross   |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
| -       | لــا   | -   | •                                | ot functions—subject to certain ex              |  |                           |            | •          |                          | •          |           |              |    |
|         |  | ·   | •                                | <del>.</del>                                    | -  |                           |            |            |                          |            |           |              |    |
|         | support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
| 10      | $\Box$   |   |                                  |   | •  | •                         | a)(4).     |            |                          |            |           |              |    |
| 11      | П  | An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         | purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section   |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         | 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         |  | a Type  | I b Type II                      | c Type III–Functiona                            | ılly integra                                     | ted                       | d          | Тур        | e III-Otl                | her        |           |              |    |
| е       | $\Box$   | By checking t   | his box, I certify that the orga | nization is not controlled directly             | or indirec                                       | tly by one                | or more    | disquali   | fied                     |            |           |              |    |
|         |  | persons other   | than foundation managers a       | nd other than one or more public                | ly suppor  | ted organ                 | izations   | describe   | d 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                   |   |  |                           |            |            |                          |            |           |              |    |
| g       |  | Since August  | 17, 2006, has the organization   | on accepted any gift or contribution            | on from a  | ny of the                 |            |            |                          |            |           |              |    |
|         |  | following pers  | sons?                            |   |  |                           |            |            |                          |            |           |              |    |
|         |  | (i) A person  | who directly or indirectly con   | itrols, either alone or together wit            | th persons                                       | describe                  | ed in (ii) |            |                          |            |           | Yes          | No |
|         |  | and (III) b   | below, the governing body of     | the supported organization?                     |  |                           |            |            |                          |            |           | 11g(i)       |    |
|         |  | (ii) A family   | member of a person describe      | ed in (ı) above?                                |  |                           |            |            |                          |            |           | 11g(ii)      |    |
|         |  | (iii) A 35% c   | ontrolled entity of a person de  | escribed in (i) or (ii) above?                  |  |                           |            |            |                          |            | Į         | 11g(iii)     |    |
| h       |  | Provide the f   | ollowing information about the   | supported organization(s).                      |  |                           |            |            |                          |            |           |              |    |
| (i)     |  | e of supported  | (ii) EIN                         | (III) Type of organization                      | (iv) Is the c                                    | -                         | (v) Did y  |            | (vi) I                   |            | (v        | ii) Amount o | f  |
|         | org  | anization   |                                  | (described on lines 1–9<br>above or IRC section | 1 ''   | sted in your<br>document? | the organ  |            | organızatı<br>(i) organı | zed in the |           | support      |    |
|         |  |   |                                  | (see instructions))                             | <b>3</b>   |                           |            | ort?       | US                       | S٦         |           |              |    |
|         |  |   |                                  | .,  | Yes  | No                        | Yes        | No         | Yes                      | No         |           |              |    |
|         |  |   |                                  |   |  |                           |            |            | ļ                        |            |           |              |    |
|         |  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         |  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         |  |   | -                                |   | -  |                           |            | _          |                          |            |           | <del></del>  |    |
|         |  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         |  |   |                                  |   | <del> </del> -                                   | <del> </del>              | <u> </u>   |            |                          |            |           | -            |    |
|         |  |   |                                  |   |  | 1                         |            |            |                          |            |           |              |    |
|         |  |   |                                  |   | <del>                                     </del> | <del></del>               | <u> </u>   |            | <b>-</b>                 | $\vdash$   |           |              |    |
|         |  |   |                                  |   |  |                           |            |            |                          |            |           |              |    |
|         |  |   |                                  |   | 1  |                           |            |            |                          |            |           |              |    |
| F _ A · |  |   |                                  |   | 1  |                           | 1          |            | 1                        | 1 1        |           |              |    |

| Sche | edule A (Form 990 or 990-EZ) 2009 BIC   | CYCLE TRAN                            | SPORTATIO             | N ALLIANC              | E 93                                    | -1057956        | Page 2     |
|------|---|---------------------------------------|-----------------------|------------------------|---|-----------------|------------|
| Pa   | art If Support Schedule for Or  | ganizations De                        | scribed in Se         | ctions 170(b)(1        | I)(A)(iv) and 17                        | '0(b)(1)(A)(vi) |            |
|      | (Complete only if you che   |                                       |                       |                        |   |                 |            |
| 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                               | 1,962,244       | 5,858,219  |
| 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                               | 1,962,244       | 5,858,219  |
| 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) |                                       | ٠                     |                        |   |                 | 84,246     |
| _6   | Public support. Subtract line 5 from line 4   |                                       | , ,                   |                        | 1 |                 | 5,773,973  |
|      | 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   | 539,144                               | 932,844               | 1,102,734              | 1,321,253                               | 1,962,244       | 5,858,219  |
| 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                                   | 2,159           | 17,404     |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on  |                                       | :                     |                        | -                                       | 0               |            |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | 539                                   |                       | 14,510                 | 25,661                                  |                 | 40,710     |
| 11   | Total support. Add lines 7 through 10   |                                       |                       |                        |   |                 | 5,916,333  |
| 12   | Gross receipts from related activities, etc. (  | see instructions)                     |                       |                        |   | 12              | 259,086    |
| 13   | First five years. If the Form 990 is for the o  | organization's first, s               | second, third, fourth | n, or fifth tax year a | s a section 501(c)(                     | 3)              |            |
|      | organization, check this box and stop here  |                                       |                       |                        |   |                 | <b>•</b>   |
| Sec  | tion C. Computation of Public Su  | •                                     |                       |                        |   |                 |            |
| 14   | Public support percentage for 2009 (line 6,   | column (f) divided b                  | y line 11, column (   | f))                    |   | 14              | 97.59%     |
| 15   | Public support percentage from 2008 Sche  | dule A, Part II, line 1               | 14                    |                        |   | 15              | 96.83%     |
| 16a  | 33 1/3 % support test—2009. If the organi   | zation did not check                  | the box on line 13    | , and line 14 is 33    | 1/3 % or more, che                      | ck this box     |            |
|      | and stop here. The organization qualifies a   | s a publicly support                  | ted organization      |                        |   |                 | <b>▶ X</b> |
| b    | 33 1/3 % support test—2008. If the organi   | zation did not check                  | ca box on line 13 c   | r 16a, and line 15 i   | s 33 1/3 % or more                      | , check this    |            |
|      | box and stop here. The organization qualif  | ies as a publicly sup                 | oported organizatio   | n                      |   |                 | ▶ _        |
| 17a  | 10%-facts-and-circumstances test—200  | <ol><li>If the organization</li></ol> | did not check a b     | ox on line 13, 16a,    | or 16b, and line 14                     | ıs 10% or       |            |
|      | more, and if the organization meets the "fac  | cts-and-circumstanc                   | es" test, check this  | box and stop her       | e. Explaın in Part I\                   | / how the       |            |
|      | organization meets the "facts-and-circumst  | ances" test. The org                  | ganızatıon qualifies  | as a publicly suppo    | orted organization                      |                 | ▶ _        |
| b    | 10%-facts-and-circumstances test—200  | 8. If the organization                | n did not check a b   | ox on line 13, 16a,    | 16b, or 17a, and lin                    | e 15 is 10% or  |            |
|      | more, and if the organization meets the "fac  |                                       |                       | =                      | -                                       | / how the       |            |
|      | organization meets the "facts-and-circumst  | -                                     | •                     |                        | -                                       |                 | <u> </u>   |
| 18   | Private foundation. If the organization did   | not check a box on                    | line 13, 16a, 16b,    | 17a, or 17b, check     | this box and see in                     | structions      | ▶          |

Schedule A (Form 990 or 990-EZ) 2009

BTA83110 02/12/2011 11 20 AM BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Schedule A (Form 990 or 990-EZ) 2009 Page 3 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 any "unusuai grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 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 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 line 6.) 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 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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)
- 13 Total support. (Add lines 9, 10c, 11, and 12.)
- First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

| Section C. Computation of Public Support Percenta |
|---|
|---|

- 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2008 Schedule A, Part III, line 15

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

- 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))
- 18 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
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| ▶ |  |
|---|--|
|   |  |

%

15

16

17

18

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

93-1057956

Page 4

Part IV 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

Ŝ

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.

OMB No 1545-0047

Open to Public Inspection

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 BICYCLE TRANSPORTATI                         | ON ALLIANCE                            |                          | Employer identific<br>93-10579   |   |
|-----|---|--|--------------------------|--|---|
| Pa  | t I-A Complete if the organization is exer                      | npt under section 501(c) o             | or is a section 52       | 7 organization   |   |
| 1   | Provide a description of the organization's direct and indire   | ect political campaign activities in F | Part IV                  |  |   |
| 2   | Political expenditures  |  |                          | ▶ \$ _   |   |
| 3   | Volunteer hours   |  |                          | _  |   |
| Pai | t I-B Complete if the organization is exer                      | npt under section 501(c)(              | 3).                      |  |   |
| 1   | Enter the amount of any excise tax incurred by the organization | <del></del>                            |                          | <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 Fo | -                                      |                          | · <del></del>  | Yes No  |
| 4a  | Was a correction made?  | •                                      |                          |  | Yes No  |
| b   | If "Yes," describe in Part IV                                   |  |                          |  |   |
| Pa  | t I-C Complete if the organization is exer                      | npt under section 501(c),              | except section 5         | i01(c)(3).   |   |
| 1   | Enter the amount directly expended by the filing organization   | ion for section 527 exempt function    | า                        |  |   |
|     | activities  |  |                          | <b>&gt;</b> \$ _   |   |
| 2   | Enter the amount of the filing organization's funds contribu    | ited to other organizations for sect   | ion                      |  |   |
|     | 527 exempt function activities                                  |  |                          | ▶ \$ _   |   |
| 3   | Total exempt function expenditures. Add lines 1 and 2 En        | ter here and on Form 1120-POL,         |                          |  |   |
|     | line 17b  |  |                          | <b>▶</b> \$ _  |   |
| 4   | Did the filing organization file Form 1120-POL for this year    | r?                                     |                          |  | Yes No  |
| 5   | Enter the names, addresses and employer identification no       | umber (EIN) of all section 527 poli    | tical organizations to v | which payments   |   |
|     | were made For each organization listed, enter the amoun         | t paid from the filing organization's  | funds. Also enter the    | amount of political  |   |
|     | contributions received that were promptly and directly deliv    | , ,                                    | •                        | arate segregated   |   |
| -   | fund or a political action committee (PAC) If additional spa    |  |                          | d\   | (a) Amount of political   |
|     | (a) Name  | (b) Address                            | '                        | d) Amount paid from<br>filing organization's<br>nds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|     |   |  |                          |  |   |
|     |   |  |                          |  |   |
|     |   |  |                          |  |   |
|     |   | <u> </u>                               |                          |  | <u> </u>  |
|     |   | ``                                     |                          |  |   |
|     |   |  |                          |  |   |
|     |   |  |                          | <del></del>  |   |
|     |   |  |                          |  |   |

| Sche | edule C (Form 990 or 990-EZ) 2009 BIC               | YCLE TRANSPORTATION ALLIANO  | CE 93-105795                     | 6 Page 2                              |
|------|---|--|----------------------------------|---------------------------------------|
| Pa   | ift II-A Complete if the organization               | ation is exempt under section 501(c)(3) ar   | nd filed Form 5768 (election     | on                                    |
|      | under section 501(h)).                              |  |                                  |                                       |
| ١.   | Check ▶ ☐ if the filing organization                | on belongs to an affiliated group.   |                                  |                                       |
| 3    | Check ▶ ☐ if the filing organization                | on checked box A and "limited control" pro   | visions apply.                   |                                       |
|      | Limits on Lob                                       | bying Expenditures<br>neans amounts paid or incurred.)   | (a) Filing organization's totals | (b) Affiliated group totals           |
| 1.   | Total lobbying expenditures to influence public     |  | 4,994                            |                                       |
| b    |   | • •  | 24,374                           | <del></del>                           |
| c    |   |  | 29,368                           |                                       |
| d    |   | 4 10,  | 2,069,351                        | <del> </del>                          |
| e    |   | es 1c and 1d)  | 2,098,719                        | · · · · · · · · · · · · · · · · · · · |
|      | f Lobbying nontaxable amount. Enter the amo         | •  |                                  |                                       |
| _    | columns.  | and the same same same and the same same same same same same same sam  | 254,936                          |                                       |
|      | If the amount on line 1e, column (a) or (b) is:     | The lobbying nontaxable amount is:   | 7                                |                                       |
| Ì    | 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 \$1,000,000  | ]                                |                                       |
|      | Over \$1,500,000 but not over \$17,000,000          | \$225,000 plus 5% of the excess over \$1,500,000   |                                  |                                       |
|      | Over \$17,000,000                                   | \$1,000,000  | <u> </u>                         |                                       |
| g    | Grassroots nontaxable amount (enter 25% o           | f line 1f)   | 63,734                           |                                       |
| h    | Subtract line 1g from line 1a. If zero or less,     | enter -0-  | 0                                |                                       |
| i    | i Subtract line 1f from line 1c. If zero or less, e | enter -0-  | 0                                |                                       |
| j    | If there is an amount other than zero on either     | er line 1h or line 1i, did the organization file Form 4720 i   | eporting                         | <del></del>                           |
|      | section 4911 tax for this year?                     |  |                                  | Yes No                                |
|      | (Some organizations that                            | 4-Year Averaging Period Under Section 5<br>made a section 501(h) election do not ha<br>ow. See the instructions for lines 2a throu | ve to complete all of the f      | ive                                   |

|  | obbying Expenditur | es During 4-Year | <b>Averaging Period</b> |          |           |
|--|--------------------|------------------|-------------------------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                    | (a) 2006           | (b) 2007         | (c) 2008                | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount   | 140,115            | 186,713          | 221,909                 | 254,936  | 803,673   |
| <ul> <li>b Lobbying ceiling amount<br/>(150% of line 2a, column(e))</li> </ul> |                    |                  |                         |          | 1,205,510 |
| c Total lobbying expenditures  | 1,800              | 3,406            |                         | 29,368   | 34,574    |
| d Grassroots nontaxable amount   | 35,029             | 46,678           | 55,477                  | 63,734   | 200,918   |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))                   |                    |                  |                         |          | 301,377   |
| f Grassroots lobbying expenditures   | 1,800              | 3,406            |                         | 4,994    | 10,200    |

Schedule C (Form 990 or 990-EZ) 2009

g Direct contact with legislators, their staffs, government officials, or a legislative body?

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

93-1057956

Schedule C (Form 990 or 990-EZ) 2009 BICYCLE TRANSPORTATION ALLIANCE Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) Yes No **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 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?

h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV i 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

#### Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

|   |  |    | Yes | NO |
|---|--|----|-----|----|
| 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

| 7 | Dues, assessments and similar amounts from members   | <u> </u> |   |
|---|--|----------|---|
| 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).   |          |   |
| а | Current year   | 2a       |   |
| b | Carryover from last year   | 2b       |   |
| С | 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

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

93-1057956

Page 4

Part IV 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

Open to Public Inspection

Employer identification number

Name of the organization BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 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 b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 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 Yes No violations, and enforcement of the conservation easements it holds? 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 No 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. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

138,903

101,497 37,406 ► 37,406

Schedule D (Form 990) 2009

1a Land b Buildings

d Equipment

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

| Schedule D (Form 990) 2009 BICYCLE TRANSPORTATION                                 | N ALLIANCE                      | 93-1057956                            | Page 3  |
|---|---------------------------------|---------------------------------------|---|
| Part VII Investments—Other Securities. See Form 990                               | ), Part X, line 12.             |                                       |   |
| (a) Description of security or category   | (b) Book value                  | (c) Method of valuation               |   |
| (including name of security)  |                                 | Cost or end-of-year market v          | value   |
| Financial derivatives   |                                 |                                       |   |
| Closely-held equity interests   |                                 | -                                     |   |
| Other   |                                 |                                       |   |
|   | <u> </u>                        |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       | -   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)                  |                                 |                                       |   |
| Part VIII Investments—Program Related. See Form 990                               |                                 |                                       |   |
| (a) Description of investment type  | (b) Book value                  | (c) Method of valuation               |   |
|   |                                 | Cost or end-of-year market v          | ralue<br>———————————————————————————————————— |
|   |                                 |                                       |   |
|   |                                 | · · · · · · · · · · · · · · · · · · · |   |
|   |                                 |                                       |   |
|   | <del> </del>                    |                                       |   |
|   |                                 |                                       |   |
| · -   |                                 | <del></del>                           |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)                 | <u> </u>                        |                                       |   |
| Part IX Other Assets. See Form 990, Part X, line 15.                              | <del> </del>                    | · · · · · · · · · · · · · · · · · · · |   |
| (a) Description   |                                 | (b)                                   | Book value                                    |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| <del></del>   |                                 |                                       | · . <del></del>                               |
|   |                                 |                                       |   |
|   |                                 | 77.                                   |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       | ····  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)                |                                 | <b>&gt;</b>                           |   |
| Part X Other Liabilities. See Form 990, Part X, line 25                           | <del>,</del>                    |                                       |   |
| 1. (a) Description of liability   | (b) Amount                      |                                       |   |
| Federal income taxes ACCRUED PAYROLL AND PAYROLL TAXES                            | 49,668                          |                                       |   |
| ACCRUED VACATIONS   | 12,330                          |                                       |   |
| FSA SECTION 125   | 2,251                           |                                       |   |
| 1011 02012011 120   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
|   |                                 |                                       |   |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)                | 64,249                          |                                       |   |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organize | zation's financial statements t | hat reports the                       |   |
| organization's liability for uncertain tax positions under FIN 48.                |                                 |                                       |   |

| che  | dule D (Form 990) 2009 BICYCLE TRANSPORTATION ALLIANCE 93-105795   | 6    | Page <b>4</b>  |
|------|--|------|----------------|
| Pa   | rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement  | nts  |                |
| 1    | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1    | 621,459        |
| 2    | Total expenses (Form 990, Part IX, column (A), line 25)  | 2    | 705,704        |
| 3    | Excess or (deficit) for the year. Subtract line 2 from line 1  | 3 -  | -84,245        |
| 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    |                |
| 10   | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9   | 10   | -84,245        |
| Pa   | rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu  | rn   |                |
| 1    | Total revenue, gains, and other support per audited financial statements   | 1    | 705,255        |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |      |                |
| а    | Net unrealized gains on investments 2a   |      |                |
| b    | Donated services and use of facilities 2b 19,390   |      |                |
| С    | Recoveries of prior year grants 2c   |      |                |
| d    | Other (Describe in Part XIV.)  |      |                |
| е    | Add lines 2a through 2d  | 2e   | 19,390         |
| 3    | Subtract line 2e from line 1   | 3    | 685,865        |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |      |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   |      |                |
| þ    | Other (Describe in Part XIV.)  4b -64,406  |      |                |
| С    | Add lines 4a and 4b  | 4c   | -64,406        |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | 5    | 621,459        |
| Pa   | rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re   | turn |                |
| 1    | Total expenses and losses per audited financial statements   | 1    | 789,500        |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |      |                |
| а    | Donated services and use of facilities 2a 19,390   |      |                |
| b    | Prior year adjustments 2b  |      |                |
| С    | Other losses 2c  |      |                |
| d    | Other (Describe in Part XIV.)  |      |                |
| e    | Add lines 2a through 2d  | 2e   | 19,390         |
| 3    | Subtract line 2e from line 1   | 3    | 770,110        |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |      |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   |      |                |
| b    | Other (Describe in Part XIV.)  4b -64,406  |      |                |
| С    | Add lines 4a and 4b  | 4c   | -64,406        |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 5    | 705,704        |
| Pa   | rt XIV Supplemental Information  |      |                |
|      | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b |      |                |
| nd 2 | b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete      |      |                |
|      | art to provide any additional information.   |      |                |
| _P2  | ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER   |      |                |
| S    | PECIAL EVENT EXPENSES REPORTED AS REVENUE OFFSET ON 990 _ \$   |      | _64,406        |
|      |  |      |                |
| _S   | PECIAL_EVENT_EXPENSES REPORTED_AS REVENUE OFFSET_ON 990 _ \$   |      | <u>-64,406</u> |
|      |  |      |                |
|      |  |      |                |
| _P   | <u> ART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHE</u>   | R _  |                |
| S    | PECIAL EVENT EXPENSES REPORTED AS REVENUE OFFSET ON 990 \$   |      | -64,406        |
|      |  |      | /              |
|      |  |      |                |
|      |  |      |                |

| Sc | hedu         | ile D        | (Fo          | rm 9       | 90)      | 2009        | 9           |             |              |              |            |              |              |     | POF         |  | AT:         | [0]       | 1 1      | AL] | LIZ         | MC         | Œ          |              |             | 9            | 3-         | -10      | )57 | 795        | 6   |   |    |            |            |            | Page       | 5 |
|----|--------------|--------------|--------------|------------|----------|-------------|-------------|-------------|--------------|--------------|------------|--------------|--------------|-----|-------------|--|-------------|-----------|----------|-----|-------------|------------|------------|--------------|-------------|--------------|------------|----------|-----|------------|-----|---|----|------------|------------|------------|------------|---|
|    | Parl         | . Al         | <u>v</u>     | Su         | ppı      | <u>em</u>   | ent         | aıı         | Into         | orm          | atic       | on (         | (COI         | nun | ued         | <u>)                                    </u> |             |           |          |     |             |            |            |              |             |              |            |          |     | <u>.</u>   |     |   |    |            |            |            |            |   |
| _  | P <u>A</u> l | R <u>T</u>   | <u>x</u> :   | <u>I</u> I | <u>,</u> | <u>L</u> ]  | <u> N</u> I | E 4         | 4 <u>B</u>   | =            | E          | K <u>P</u> I | E <u>N</u> : | SE  | <u>A</u>    | 1 <u>O</u> 1                                 | <u>'M</u> U | <u>rs</u> | <u>I</u> | NC1 | <u>יח</u> ו | ŒΙ         | )_(        | <u>и</u>     | RI          | T <u>T</u> E | <u>R</u> I | 1        | 0   | <u>T</u> I | ΗEΙ | R | _  | _          |            |            |            |   |
| _  | SP           | E <u>C</u> : | I <u>A</u> I | L_E        | <u>v</u> | <u>ги</u> з | <u></u> 1   | <u> X</u> I | P <u>E</u> l | 1 <u>2</u> 1 | E <u>S</u> | RI           | E <u>P</u> ( | OR! | <u>re</u> i |  | <u>AS</u>   | RI        | ΞŽI      | EΜ  | Œ           | <u>o</u> i | <u>F</u> S | S <u>E</u> ? | <b>r_</b> ( | ΣЙ           | 99         | <u>0</u> | _   | <u>\$</u>  | _   | _ | _6 | <u>4</u> , | <u>4</u> 0 | 6          |            | - |
|    |              |              |              |            |          |             |             |             |              |              |            |              |              |     |             |  |             |           |          |     |             |            |            |              |             |              |            |          |     |            |     |   |    |            |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        |     | _          | _   | _ | _  | _          |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | -            | _   |             | _  |             |           | -        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | -  | _          |            | _ ·        |            | • |
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| _  | _            | _            | _            | _          | _        | _           | _           |             | _            | _            | _          | _            | _            | _   | _           |  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            |              | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        |     | _          | _   | _ | _  | _          |            |            | _ <b>_</b> |   |
|    |              |              |              | _          |          |             |             | _           | _            |              |            | _            | _            |     |             |  | _           | _         | _        | _   | _           | _          | _          | _            |             |              | _          | _        |     |            |     |   | _  |            |            |            |            | _ |
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| _  | _            | _            | _            | _          | _        | _           |             | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          |     | _ | _  | _          |            |            |            | • |
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| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          |              | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          |          | _   | _          | _   | _ | _  | _          |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           |             | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | -            |             | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            |   |
| _  | _            | _            | _            |            | _        | _           |             | _           | _            | _            | _          | _            | _            | _   | _           | _  |             |           |          | _   |             |            | _          | _            | _           | _            | _          |          | _   | _          | _   | _ | _  | _          |            |            |            |   |
|    |              |              |              |            |          |             |             |             |              |              |            |              |              |     |             |  |             |           |          |     |             |            |            |              |             |              |            |          |     |            |     |   |    |            |            |            |            |   |
| _  | _            |              | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            |     | _           | _  |             |           |          | _   | _           |            | _          | _            | _           | _            | _          | _        |     |            |     |   | _  | _          | _          |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          |            | _            | _           | _            |            | _        | _   | _          | _   | _ | _  | _          |            | <b>-</b> · |            | • |
| _  | _            | -            | _            | _          | _        | _           | -           | _           | _            | -            |            | _            | _            | -   | _           | _  | _           | _         | _        | -   | -           | _          | -          | _            | -           | _            | _          | -        | _   | -          | -   | _ | _  | _          |            |            |            | • |
| _  | _            | _            | _            | _          | _        | _           |             | _           | _            | _            | _          | _            | _            | -   | _           | _  |             | -         | _        | _   |             | -          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            | - |
| _  | _            | _            | _            | _          |          |             | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           |              | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            | _ |
|    |              |              |              |            |          |             |             |             |              |              |            |              |              |     |             |  |             |           |          |     |             |            |            |              |             |              |            |          |     |            |     |   |    |            |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        |     | _          | _   | _ | _  | _          |            | _          |            |   |
| _  | _            | _            | _            | _          | -        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | -          |            | -            | -           | _            |            | _        | _   | _          | _   | _ | _  | _          |            |            |            | • |
|    | _            | -            | _            | -          | -        | _           | -           | -           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | -           | _          | _          | _            | _           | _            | -          | _        | _   | _          | -   | - | _  | _          |            |            |            | • |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   |   |    | _          |            |            | - <b>-</b> | - |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  |            |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           | _           | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   |             | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ | _  | _          |            |            |            | _ |
|    |              |              |              |            |          |             |             |             |              |              |            |              |              |     |             |  |             |           |          |     |             |            |            |              |             |              |            |          |     |            |     |   |    |            |            |            |            |   |
| _  | _            | _            | _            | _          | _        | _           | _           |             | _            | _            | _          | _            | _            | _   | _           | _  | _           | _         | _        | _   | _           | _          | _          | _            | _           | _            | _          | _        | _   | _          | _   | _ |    | _          |            | _          |            | • |
| -  | _            | -            | _            | -          | _        | _           | _           | -           | -            |              | -          | -            | -            | -   | _           | _  | -           | -         | -        | _   | -           | _          | -          | _            | -           | _            | -          | -        | -   | _          | _   | _ | -  | -          |            |            |            |   |

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

Department of the Treasury Internal Revenue Service

Total

**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

| Name of the organization  BICYCLE TRANSPORTA  | TION ALLI                                | ANC:  | E                       |                                      | 93-10579  |   |
|---|--|---|-------------------------|--------------------------------------|---|---|
| Part I Fundraising Activities. Complete if Form 990-EZ filers are not required  |  |   |                         | red "Yes" to Form                    | 990, Part IV, lin   | e 17.   |
| 1 Indicate whether the organization raised funds through a  | ny of the following a                    | ctivitie  | s Ch                    | eck all that apply                   |   |   |
| a Mail solicitations  | e Solicitation                           | of nor  | n-gove                  | rnment grants                        |   |   |
| b Internet and email solicitations  | f Solicitation                           | of gov  | ernm                    | ent grants                           |   |   |
| c Phone solicitations   | g Special fund                           | draisir   | ng eve                  | nts                                  |   |   |
| d In-person solicitations   |  |   |                         |                                      |   |   |
| 2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in         |  |   |                         |                                      |   | Yes No  |
| <b>b</b> If "Yes," list the ten highest paid individuals or entities (fur to be compensated at least \$5,000 by the organization. | ndraisers) pursuant                      | to agr  | reeme                   | nts under which the fun              | draiser is  |   |
| (i) Name of individual or entity (fundraiser)   | (ii) Activity                            | (iii) Did<br>raiser<br>custo<br>contri<br>contrib | have<br>dy or<br>rol of | (iv) Gross receipts<br>from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |  | Yes   | No                      |                                      | <del>-</del>  |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   | <del>                             </del> |   |                         |                                      | -   |   |
|   |  | <u> </u>  |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |
|   |  | <del> </del>                                      |                         |                                      |   | <del></del>   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      | 1.87 1.   |   |
|   |  |   |                         |                                      |   |   |
|   |  |   |                         |                                      |   |   |

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

BICYCLE TRANSPORTATION ALLIANCE Schedule G (Form 990 or 990-EZ) 2009 93-1057956 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ALICE B TOECLIP NONE (add col (a) through (event type) (event type) (total number) col (c)) 181,680 181,680 Gross receipts Less Charitable 146,230 146,230 contributions Gross revenue (line 1 35,450 35,450 minus line 2) Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages Entertainment 64,406 64,406 Other direct expenses 64,406 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (Add (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % % % Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Yes No Enter the state(s) in which the organization operates gaming activities. Is the organization licensed to operate gaming activities in each of these states? 9a If "No," Explain: Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain. Does the organization operate gaming activities with nonmembers? 11 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity 12 formed to administer charitable gaming?

| Sche | edule G (Form 990 or 990-EZ) 2009                  | YCLE        | TRANSPORTATION                   | ALLIANCE            | 93-1057 | 7956 | Р   | age 3 |
|------|--|-------------|----------------------------------|---------------------|---------|------|-----|-------|
|      | •  |             |                                  |                     |         |      | Yes | No    |
| 13   | Indicate the percentage of gaming activity opera   | ted in.     |                                  |                     |         |      |     |       |
| а    | The organization's facility                        |             |                                  |                     | 13a     | %    |     |       |
| b    | An outside facility                                |             |                                  |                     | 13b     | %    |     |       |
| 14   | Provide the name and address of the person wh      | o prepare   | s the organization's gaming/sp   | ecial events books  |         |      |     |       |
|      | and records·                                       |             |                                  |                     |         |      |     |       |
|      | Name ►   |             |                                  |                     |         |      |     |       |
|      | Address ►  |             |                                  |                     |         |      |     |       |
| 15a  | Does the organization have a contract with a thin  | rd party fr | om whom the organization rece    | ives gaming         |         |      |     |       |
|      | revenue?   |             |                                  |                     |         | 15a  | ļ   |       |
| þ    | If "Yes," enter the amount of gaming revenue re-   |             |                                  |                     | and the |      |     |       |
|      | amount of gaming revenue retained by the third     | -           | \$                               | •                   |         |      |     |       |
| С    | If "Yes," enter name and address of the third pai  | ty:         |                                  |                     |         |      |     |       |
|      | Name >   |             |                                  |                     |         |      |     |       |
|      | Address ▶  |             |                                  |                     |         |      |     |       |
| 16   | Gaming manager information                         |             |                                  |                     |         |      |     |       |
|      | Name ▶   |             | ~                                |                     |         |      |     |       |
|      | Gaming manager compensation ▶ \$                   |             |                                  |                     |         |      |     |       |
|      | Description of services provided ▶                 |             |                                  |                     |         |      |     |       |
|      | Director/officer Employee                          |             | Independent contractor           |                     |         |      |     |       |
| 17   | Mandatory distributions                            |             |                                  |                     |         |      |     |       |
| а    | Is the organization required under state law to m  | ake charı   | table distributions from the gam | ing proceeds to     |         |      |     |       |
|      | retain the state gaming license?                   |             |                                  |                     |         | 17a  |     |       |
| þ    | Enter the amount of distributions required under   | state law   | distributed to other exempt org  | anizations or spent |         |      |     |       |
|      | in the organization's own exempt activities during | a the tax v | vear ▶ \$                        |                     |         |      | 1   |       |

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULEI (Form 990)

OMB No 1545-0047 2009

Open to Public Inspection

ş

X Yes

Employer identification number 93-1057956 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. BICYCLE TRANSPORTATION ALLIANCE General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Part

| 2   | 1251<br>  .   |   |  |  |  |   |  |  |
|---|---|---|--|--|--|---|--|--|
| X Yes   | wered "Yes" to<br>nore than \$5,000. Use  | (h) Purpose of grant or assistance                    |  |  |  |   |  | •  |
|   | janization ansv<br>ent received n   | (g) Description of non-cash assistance                |  |  |  |   |  |  |
|   | plete if the org<br>f no one recipi   | (f) Method of valuation (book, FMV, appraisal, other) |  |  |  |   |  |  |
|   | i <b>ted States.</b> Com<br>Check this box i  | (e) Amount of non-cash assistance                     |  |  |  | * |  |  |
| grant funds in the United States  | zations in the Un<br>oore than \$5,000<br>needed  | (d) Amount of cash grant assistance assistance        |  |  |  |   |  |  |
| rant funds  | <b>1 Organi</b><br>ceived n<br>pace is  | (c) IRC section if applicable                         |  |  |  |   |  |  |
| nce?<br>Intoring the use of g   | vernments and<br>ecipient that re<br>) if additional s  | (p) EIN   |  |  |  |   |  | organizations  |
| the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 ▶ | (a) Name and address of organization or government    |  |  |  |   |  | Enter total number of section 501(c)(3) and government organizations |
| the so  | Part  | -   |  |  |  |   |  | 2 Enter  |

Schedule I (Form 990) 2009

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

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

|         |   |                      | 5050011 01 00500 15110 |                        |                                |   |
|---------|---|----------------------|------------------------|------------------------|--------------------------------|---|
|         | (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.   |

- 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.

- 1. WHEN AGENCIES APPLY FOR GRANTS THEY SUBMIT A WORKPLAN THAT INCLUDES
- THEIR PLAN FOR SENDING STAFF TO TRAINING, AN ENFORCEMENT ACTION SCHEDULE,
- 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
- ENFORCEMENT AGENCIES SIGN A CONTRACT BASED ON THE WORKPLAN SUBMITTED
- THERE ARE TWO CLAIM PERIODS AT THE END OF WHICH ENFORCEMENT AGENCIES

| Page 2  | ırm 990, Part IV, line 22   |   | (e) Method of valuation (book, R) Description of non-cash assistance FMV, appraisal, other) |  |  |  | itional information.  |   |
|---|---|---|---|--|--|--|---|---|
| : :   | United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. |   | (e) Method of valuation (book, FMV, appraisal, other)                                       |  |  |  | , line 2, and any other addi  | SNC                                     |
| 93-1057956  | nplete if the organiza  | Ö.  | (d) Amount of non-cash assistance   |  |  |  | ion required in Part I  | ACTIVITY REPORT ON ACTIONS              |
| Schedule (Form 990) 2009 BICYCLE TRANSPORTATION ALLIANCE 93 | e United States. Con  | onal space is needed                                | (c) Amount of cash grant  |  |  |  | provide the informat  |   |
|   | nce to Individuals in the<br>I-1 (Form 990) if additic                                    | (Form 990) If addition                              | (b) Number of recipients  |  |  |  | omplete this part to  | OMPANIED BY A                           |
|   | Part III Grants and Other Assistance to Individuals in the                                | Use Part IV and Schedule I-1 (Form 990) If addition | (a) Type of grant or assistance   |  |  |  | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | SUBMIT A SIGNED CLAIM ACCOMPANIED BY AN |

Schedule I (Form 990) 2009

SCHEDULE O'

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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 BICYCLE TRANSPORTATION ALLIANCE

Page 2

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.

BICYCLE TRANSPORTATION ALLIANCE

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 6 - CLASSES OF MEMBERS OR STOCKHOLDERS **MEMBERS** 

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.

93-1057956

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

WE HAVE FORMS ON FILE FOR EACH OFFICER AND KEY EMPLOYEE. POTENTIAL

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.

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| Department of a  |   | ▶ File :  | a separate  | application for each return.  |            |                  |            |
|--|---|---|---|---|------------|------------------|------------|
|  |   | utomatic 3-Month Extension, comp  | lete only P   | art I and check this box  |            |                  | ▶ X        |
| If you are   | filing-for an A   | dditional (Not Automatic) 3-Month   | Extension,  | complete only Part II (on page 2 of t   | his form)  |                  | _          |
| Do not comp  | olete Part II ur  | nless you have already been granted   | an automat  | tic 3-month extension on a previously   | filed Form | n 8868.          |            |
| Electronic fil   | ing (e-file). Y   | ou can electronically file Form 8868 if   | f you need a  | a 3-month automatic extension of time   | to file (6 | months for       |            |
| •  | •   | **  | •   | 3-month extension of time. You can el   |            | •                |            |
| •  |   |   |   | or Part II with the exception of Form 8   |            |                  |            |
|  |   |   | •   | hich must be sent to the IRS in paper   | •          |                  |            |
|  |   |   | •   | irs gov/efile and click on e-file for Cha   |            | onprofits.       |            |
| Part I   |   |   | •   | submit original (no copies need this box and cort control of the cort cort cort cort cort cort cort cort  |            |                  |            |
| Part I only  | required to in  | e Form 990-1 and requesting an auto   | Jillauc 0-ilic  | offile extension-check this box and con   | ripiete    |                  | ▶ □        |
| •  | orations (incli   | iding 1120-C filers), partnerships, RF  | MICs and t  | trusts must use Form 7004 to request  | an eytens  | sion of time     |            |
| to file income   | •   | iding 1120 0 ilio10), partitoroilipo, 112   | oo, and t   | adob made ado i dimi y do y to roquedi  | an exicin  | SIGHT OF BITTLE  |            |
| Type or  | T   | empt organization   |   |   | Employ     | er identificatio | n number   |
| print  |   |   |   |   |            |                  |            |
| File by the BICYCLE TRANSPORTATION ALLIANCE 93-1057956   |   |   |   |   |            |                  |            |
| due date for filing your Number, street, and room or suite no. If a P.O. box, see instructions.  |   |   |   |   |            |                  |            |
| return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions   |   |   |   |   |            |                  |            |
|  | PORTLA  |   | <u>97209</u>  |   |            |                  |            |
| Enter the Ret  | urn code for t  | he return that this application is for (fi  | le a separat  | te application for each return)   |            |                  | 01         |
| Application  | n   |   | Return  | Application   |            |                  | Return     |
| Is For   |   |   | Code  | Is For  |            |                  | Code       |
| Form 990 01 Form 990-T (corporation)   |   |   |   |   |            |                  |            |
| Form 990-E   | 3L  | ·   | 02  | Form 1041-A   |            |                  | 08         |
| Form 990-E   |   |   | 03  | Form 4720   |            |                  | 09         |
| Form 990-F   |   |   | 04  | Form 5227   |            |                  | 10         |
|  |   | or 408(a) trust)  | 05  | Form 6069   |            |                  | 11         |
| Form 990-1   | (trust other t  | han above)  | 06  | Form 8870   |            |                  | 12         |
| Telephon If the orga If this is for the whole a list with the I requesuntil O for the  | e No. > 50 anization does or a Group Re group, check names and E st an automate 4/15/11 organization's calendar year tax year begin | INs of all members the extension is for a 3-month (6 months for a corporation to file the exempt organization return for or nining 01/01/10, and ending 0 | ess in the Ui it Group Exi f the group, or. In required to urn for the co | emption Number (GEN) If check this box and attaction of file Form 990-T) extension of time organization named above. The extension of the extension of time organization named above. |            |                  | <b>▶</b> □ |
| <b>X</b> c   | hange in acco   |   |   |   |            |                  |            |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ |   |   |   |   |            |                  |            |
|  |   | or Form 990-PF, 990-T, 4720, or 6069  | 9, enter any  | refundable credits and  |            |                  |            |
| estimat  | ed tax payme  | nts made. Include any prior year over   | payment all   | lowed as a credit   | 3b         | \$               |            |
|  |   | ct line 3b from line 3a Include your p<br>if required, by using EFTPS (Electron   | -   |   | -          |                  |            |
| instruct   |   |   |   |   | 3с         | \$               |            |
| Caution 16   | au ara gaina t  | a maka an alaattania fiind usthdrawal   | with this Ec  | om 8868, see Form 8453-FO and Fo  | 9970 E     | O for            |            |

payment instructions.