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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

AF	or the	2011 calenda	ar year, or tax year beginning , 201	1, and ending			, 20
В	Check if ap	pplicable	C Name of organization		D Empl	oyer ide	entification number
	Address o	change	Yellow Bike Project		l	74	1-2860831
	Name cha	ange	hone nu	ımber			
	Initial retu	ırn	512-524-5299				
=	Terminate		ıp Exer	notion			
\equiv	Amended Application	neturn on pending	Austin, Texas 78721			nber 🕨	•
_		ting Method	☐ Cash ☐ Accrual Other (specify) ▶	ш			the organization is not
	Websit	•	austinyellowbike org				ach Schedule B
			ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1)	or	•)-EŽ, or 990-PF)
	Check >		e organization is not a section 509(a)(3) supporting organization or a section		•		
			o A Form 990-EZ or Form 990 return is not required though Form 990-N	_		-	
			uses to file a return, be sure to file a complete return	(e-postcard) me	ay be req	uirca (.	sec mandonons). Dat m
	-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e or if total asset	s (Part II		
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ .	o, o total accor	o (, a, , , ,	•	94,079 00
_	_		e, Expenses, and Changes in Net Assets or Fund Balai	· ·	inetrue	otions	
F	art l		•	•			· · · · · · · · · · · · · · · · · · ·
	1 .		the organization used Schedule O to respond to any question	n in this Part i			<u> </u>
	1		ons, gifts, grants, and similar amounts received			1	47,892 00
	2	-	ervice revenue including government fees and contracts			2	
	3		ip dues and assessments			3	
	4	Investment	1			4	111 00
	5a	Gross amo	ount from sale of assets other than inventory 5	a			
	b		or other basis and sales expenses	- 1			
	С	Gain or (los		5c			
	6	Gaming an					
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
Revenue	ŀ	\$15,000) .	<u> </u>	a			
ě	b	Gross inco	me from fundraising events (not including \$ 6,426 00	of contribution	าร		
e E		from fundr	alsing events reported on line 1) (attach-Schedule G if the	_			
	i	sum of suc	th gross income and contributions exceeds \$15,000) 6	b .	1,520 00		
	C	Less: direc	t expenses from gaming and fundraising events 6	c S	3 657 00		
	d	Net incom	e or (loss) from gaming and 7und pasing events (add lines 6a a	and 6b and su	btract		
		line 6c)	$ \cdot $		•	6d	-2,137 00
	7a	Gross sale	s of inventory, less@turnspand allowances	a 44	4,556 00		· · · · · · · · · · · · · · · · · · ·
	Ь	Less: cost	of goods sold	b 2	2.036 00		
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	42,520 00
	8		nue (describe in Schedule O)			8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	88,386 00
	10		I similar amounts paid (list in Schedule O)			10	1,937 00
	11		aid to or for members			11	
ģ	12	Salaries, of	ther compensation, and employee benefits			12	
Jse	13		al fees and other payments to independent contractors		, ,	13	1,181 00
Der.	14		/, rent, utilities, and maintenance		•	14	5,268 00
Expenses	15		ublications, postage, and shipping		•	15	575 00
	16		enses (describe in Schedule O)			16	23,222 00
	17		enses. Add lines 10 through 16			17	32,183 00
-	18	Excess or				18	56,203 00
Assets	19		or fund balances at beginning of year (from line 27, column (Δ)) (must agree		10	30,200 00
SS			r figure reported on prior year's return)			40	256,312 00
7 4	20					19	230,312 00
Ne C			ges in net assets or fund balances (explain in Schedule O)			20	212 515 00
_	21			<u></u>	. 🏲	21	312,515 00
ror	rapen	work Reduct	ion Act Notice, see the separate instructions.	at No 10642!			Form 990-EZ (2011)

	Balance Sheets. (see the instructions			D4-II		
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
~~	Cook assumed the seturate		-	25,972 00	Ь——	31,444 00
22	Cash, savings, and investments		· · · · · ·	294,715 00		287,159 0
23 24	Land and buildings			9,989 00		27,983 00
25	Total assets		F	330,676 00		346,586 00
26	Total liabilities (describe in Schedule O)			74,364 00		34,071 00
27	Net assets or fund balances (line 27 of column			256,312 00		312,515 00
Par		<u> </u>				·
, gi	Check if the organization used Schedule	• •		•	(Page	Expenses urred for section
What	is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
	ribe the organization's program service accompli		· · · · · · · · · · · · · · · · · · ·	rogram senices	orga	nizations and section
as m perso	leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ach program title.	services provided	d, the number of		(a)(1) trusts, optional thers)
28	Operating a free community bike shop, teaching cycling	and bicycle maintenan	ce to adults and child	ren		
					ļ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ ∐</u>	28a	28,740 00
29					ļ	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ ⊔	29a	
30					İ	
	(Create f)	includes fersion are			30a	
21	(Grants \$) If this amount Other program services (describe in Schedule O)	includes foreign gra	ints, check here		Sua	
31	, ,	includes foreign gra			31a	
	(Glains a line allount	includes loreign gra	IIIIO, CHECK HEIE .		Jia	
32	Total program service expenses (add lines 28a	through 31a)			32	28.740 00
32 Pari	Total program service expenses (add lines 28a	through 31a)		▶	.32	28,740 00
32 Par	Total program service expenses (add lines 28a Liv List of Officers, Directors, Trustees, and Key	through 31a) / Employees. List eac	h one even if not cor	npensated. (see the	nstruc	ctions for Part IV)
32 Par	Total program service expenses (add lines 28a	through 31a) / Employees. List each O to respond to an	h one even if not cor ny question in this	npensated. (see the Part IV	nstruc	ctions for Part IV)
32 Par	Total program service expenses (add lines 28a Liv List of Officers, Directors, Trustees, and Key	through 31a) / Employees. List each O to respond to an (b) Title and average hours per week	th one even if not corny question in this (c) Reportable compensation	npensated. (see the Part IV	nstruc	ctions for Part IV)
32 Par	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Key Check of the organization used Schedule	through 31a) / Employees. List each O to respond to an (b) Title and average	h one even if not cor ny question in this	npensated. (see the Part IV	nstruc	ctions for Part IV)
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Par	Total program service expenses (add lines 28a LIV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	through 31a) y Employees. List each O to respond to an (b) Title and average hours per week devoted to position	h one even if not corny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	npensated. (see the Part IV	nstruc	ctions for Part IV)
Peter 1216	Total program service expenses (add lines 28a LiV List of Officers, Directors, Trustees, and Key Check of the organization used Schedule (a) Name and address TS Wall Webberville Road, Austin, Texas 78721 e Case	through 31a) y Employees. List each O to respond to an (b) Title and average hours per week devoted to position	h one even if not corny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc ee (e)	Estimated amount of ther compensation
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. 01111 33	0 (2 (2011)			uge t
Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	rait		
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		/
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<u> </u>		- -
ooa	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	·			-
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		├
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	Ι,
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			l ,
	during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a -0-			
b	Did the organization file Form 1120-POL for this year?	37ь	1	√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		İ	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	1	✓
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			┰
b b		1		
39	Section 501(c)(7) organizations. Enter:			ł
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	1		ŀ
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		Į	
	section 4911 ▶		1	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	1		
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ľ	1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
_	organization managers or disqualified persons during the year under sections 4912,		}	
	4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
d			ŀ	
_	· · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			١,
	transaction? If "Yes," complete Form 8886-T	40e		_ ✓
41	List the states with which a copy of this return is filed. ▶ None			
42a		512-61		<u>7</u>
	Located at ► 1803 TRAVIS HEIGHTS BLVD., AUSTIN, TX ZIP + 4 ►	78	704	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		\
	If "Yes," enter the name of the foreign country: ▶			Π
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	ĺ		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	11
U	If "Yes," enter the name of the foreign country:	720		
42				▶ [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Т	т
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	Ì		١.
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		 	
_	explanation in Schedule O	44d	ŀ	1
45a	·	_	 	1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	├
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	.
	Form 990-EZ (see instructions)	45b	I	ıJ

Form 990)-EZ (2011)					Page 4
						Yes No
	to candidates f	ation engage, directly or for public office? If "Yes,	" complete Schedule C	C, Part I	<u> </u>	. 46 ✓
Part V	501(c)(3) and 52, a	501(c)(3) organization organizations and second complete the table the organization used S	tion 4947(a)(1) none s for lines 50 and 51	xempt chantable trul.	usts must answer o	
	Checkirt	ile organization used S	chedule o to respond	to any question in t	ilis i art vi	Yes No
		zation engage in lobbyin complete Schedule C, Pa		section 501(h) election	on in effect during th	e tax
48	Is the organizati	on a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E	. 48 🗸
	_	ation make any transfers	•			. 49a 🗸
50	Complete this t	e related organization as able for the organization	's five highest comper	nsated employees (oth		
	(a) Name and add	o each received more that ress of each employee than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation	ee (e) Estimated amount of
None			-			
						
		_			-	
	Total number of	f other employees paid of	Ver \$100 000	-0-	<u> </u>	<u> </u>
51	Complete this t	table for the organization	n's five highest comp	ensated independent	contractors who ea	ch received more than
(a) N	lame and address o	f each independent contractor p	oaid more than \$100,000	(b) Type of serv	vice	(c) Compensation
None		·		-		
				•		
				-		
<u>d</u>	Total number of	f other independent cont	ractors each receiving	over \$100,000	>	-0-
		ation complete Schedule iritable trusts must attacl			and 4947(a)(1)	► ✓ Yes □ No
		declare that have examined thi Declaration of preparer (other th				knowledge and belief, it is
C:	W	ran			OI Man	1012
Sign Here	Le	ure of officer S Case, true	asurer		Date -	<u>, </u>
Paid	Print/Type p	print name and title preparer's name	Prepater's signature	Da Ú	Check Self-emp	
Prepa Use C	irer				Firm's EIN >	453-01-3000
	Firm's addre	ess > 1906 EVA STREET,			Phone no	512-680-5207
May the	e IRS discuss th	nis return with the prepar	er shown above? See	instructions	<u> </u>	▶ ☐ Yes ☑ No

► ☐ Yes ☑ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charatable trust.

▶ 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 Name of the organization Yellow Bike Project

Employer identification number 74-2860831

Pai			rity Status (All orga						nstructio	ns.	
The			ation because it is: (Fo								
1			hes, or association of			ed in sec	tion 170(b)(1)(A)(i)).		
2			170(b)(1)(A)(ii). (Attac				70/h\/4\/	AV:::			
3			spital service organiza on operated in conjund						V6\/4\/ 6 \/	iii) Enter the	
4		ne, city, and stat		CHOII WILI	i a nospii	ai uesciii	Jeu III Se	CHOII 170		inj. Enter the	
5			the benefit of a colleg	ne or uni	versity o	wned or	nnerated	by a go	vernment:	al unit described	 In
J)(1)(A)(iv). (Com		ge or arm	voicity of	W. 100 O.	ороганов	s, a go			
6			nment or government	al unit de	scribed in	section	170(b)(1)(A)(v).			
7			receives a substantia						ut or from	the general pub	lic
	_	-	(A)(vi). (Complete Par	•							
8	☐ A community	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)					
9			receives. (1) more that								
			d to its exempt funct								
			ent income and unrel						n 511 tax	x) from business	es
		_	fter June 30, 1975. Se								
			d operated exclusively								
11			nd operated exclusive olicly supported organ								
	509(a)(3). Che	one or more put	describes the type of	iizalions sunnortir	a organiz	zation ani	d comple	te lines 1	1e throug	o(a)(2). Gee sec ui	011
	a ☐ Type I				III-Funct					Type III-Other	
۵	• • • • • • • • • • • • • • • • • • • •		that the organization	_ ,,		•	•	v by one		. ,,	ns
•			ers and other than one								
	or section 509				, ,		3			``	` '
f	If the organiz	ation received	a written determination	on from	the IRS 1	that it is	а Туре	I, Type I	ll, or Typ	e III supporting	
	organization, o	check this box								[
9	_		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•		
	following pers										
			indirectly controls, eith						d in (ii) ar		<u> </u>
	• •		ody of the supported	-						11g(i)	
		-	on described in (i) abo							11g(iı)	
h		-	a person described in ion about the support							11g(m)	
	Name of supported	(ii) EIN	(iii) Type of organization			I 60 Did ii	ou ootifi	643	n tha	(vii) Amount of	
(1)	organization	(11) [11]	(described on lines 1-9	(iv) is the organization in col (i) listed in your		(v) Did you notify the organization in		organization in col		support	
			above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S?		
			(See mad dedona))	Yes	No	Yes	No	Yes	No	•	
/A)						-	· · · · · ·				
(A)											
(B)											
(C)											
<u> </u>		-	•	-							_
(D)											
			-		 	 		 			
(E)											
											_

Schedu	le A (Form 990 or 990-EZ) 2011						Page 2
Part	II Support Schedule for Organiza						
	(Complete only if you checked the Part III. If the organization fails to						
	on A. Public Support	·					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,488 00	102,372 00	72,265 00	30,881 00	49,172 00	296,178 00
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	42,488 00	102,372 00	72,265 00	30,881 00	49,172 00	296,178 00
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)						0
_ 6_	Public support. Subtract line 5 from line 4.						296,178 00
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	42,488 00	102,372 00	72 265 00	30,881 00	49,172 00	296,178 00
9	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,095 00	2,832 00	2,789 00	347 00	111 00	7 174 00
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	10,179 00	25,178 00	11,548 00	26,484 00	44,796 00	118 185 00
11	Total support. Add lines 7 through 10						421 537 00
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her			<u>· </u>	<u></u>	<u> </u>	•
	on C. Computation of Public Suppor			<u> </u>			
14	Public support percentage for 2011 (line 6					14	70 %
15	Public support percentage from 2010 Sch 33 ¹ /3% support test—2011. If the organiz					15	70 %
16a	box and stop here . The organization qual						
b	331/3% support test—2010. If the organic check this box and stop here. The organic	nization did not	check a box	on line 13 or	16a, and line		-
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	011. If the organets the "facts-aacts-and-circur	nization did no ind-circumstar mstances" tes	t check a box nces" test, che	on line 13, 16ack this box an attion qualifies a	d stop here. E as a publicly su	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m)10. If the organion meets the	nization did no "facts-and-cir	ot check a box cumstances"	on line 13, 16 test, check th	a, 16b, or 17a, is box and st o	and line

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	41.401 11.0 10		, p. 0000 00	, , , , , , , , , , , , , , , , , , ,		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,		-		
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise		1				
	sold or services performed, or facilities furnished in any activity that is related to the		ļ				
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			_			
4	Tax revenues levied for the						
	organization's benefit and either paid					,	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				ļ		
6	Total. Add lines 1 through 5.	_	-				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		1				
	·						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)			**			
Secti	on B. Total Support	L	L	<u>. </u>	<u> </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		1	- ' -	, ,		
10a	Gross income from interest, dividends,		-				
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	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,		 				<u> </u>
. •	and 12)						
14	First five years. If the Form 990 is for th	ne organization	n's first, secon	d, third, fourth	o, or fifth tax yo	ear as a section	on 501(c)(3)
	organization, check this box and stop her				·		```
Section	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2011 (line 8					15	%
16	Public support percentage from 2010 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (I					17	%
18	Investment income percentage from 2010					18	%
19a	331/3% support tests -2011. If the organi						
	17 is not more than 33½%, check this box a						
b	331/3% support tests—2010. If the organiz	ation did not c	check a box on	line 14 or line	19a, and line 16	is more than (331/3%, and
20	line 18 is not more than 33½%, check this temperature foundation. If the organization did						
20	ase roundation, it the organization di	а посспеска	DOX ON HITE 14.	. 19a. UT 19D. (JHECK INS DOX	and see instru	cuons 🗩 📗

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. Also complete this part for any additional information. (See instructions).
Part II Line	10
Sales of bic	ycles and bicycles parts and components
	•••••••••••••••••••••••••••••••••••••••
•••••	
••••••	
••	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Yellow Bike Project

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Employer identification number

74-2860831

Open to Public Inspection

Part I, Line 16: Other Exp	enses:		
Bank Charges: 84.00			
Program Expenses: 3,45	8		<u>-</u>
Dues & Subscription: 33	0.00		·
Insurance: 1,818 00	•••••		•••••
Interest 1,145.00			
Supplies \$7,558		••••••	
Meals & Travel: 348.00	••••••	·	
Taxes & Licenses: 924.00	0		
Depreciation: \$7,557			
Total- \$23,222			
Part II, Line 24: Other As	sets:	••••	
	12/31/2010	12/31/2011	
Accounts Receivable	0.00	226.00	·
Inventory	9,889 00	27,758.00	
Total	9,889.00	27,983 00	
Part II, Line 26: Total Lial	bilities		
	12/31/2010	12/31/2011	
Loans Payable	71,000.00	31,500.00	
Interest Payable	?	1,834.00	
Sales Taxes Payable	?	737 00	
Accounts Payable	3,364.00	0.00	
Total	74,364.00	34,071.00	

Schedule O (Form 990 or 990-EZ) (2011)		PagePage	_2
Schedule O (Form 990 or 990-EZ) (2011) Name of the organization		Employer identification number	
Yellow Bike Project		74-2860831	
			_
Part I, Line 10, Grants Paid			
A Onbook Distinct	¢470		
Austin Independent School District	\$473		
League of Bicycling Voters	\$1,000		
Boys & Girl's Club	\$464		
Total	\$1,937		
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			•••
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