

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



# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

S (2)	apar	tment of the	e Treasury			orm 000 and its ir					Open to Public Inspection
-				ar year, or tax yea		orm 990 and its in		d ending	s.gov/form990		mopeotion
	, –				ir beginning		and	2 ending	D 51	-416141	
	Ch Lap	neck if plicable	C Name of	forganization					D Employer ide	nuncau	on number
	177	Address	2202	T BRODDING	G GONT TM1	OM TIND					
- I	Ä	Address change	<del></del>	LEFORBIKE	S COALITI	ON, LID			٠, ا	104	6607
6	<u> </u>	Name  change  Initial		usiness As		<del>,</del>		1	<del></del>	-194	0097
$\geq$	<u></u>	return				livered to street addr	ess)	Room/suite	E Telephone nu		40 4000
	<u></u>	Termin- ated	1966	13TH STR	RRT.			250		03)4	49-4893
7	<u>_</u>	Amended				I ZIP or foreign pos	stal code		G Gross receipts \$		4,085,292.
2		Applica- tion pending			80302				H(a) Is this a gro	up returr	
2014		parang	F Name a	nd address of princ	cipal officer:ER	K ESBORG			for subordir		Yes X No
			SAME	AS C ABOV					H(b) Are all subordin		
			pt status: L	501(c)(3) LX		)◀ (insert no ) L	4947(a)(1)	or 527	If "No," atta	ch a list	(see instructions)
				PEOPLEFOR	BIKES ORC				H(c) Group exen		
<u> </u>	C Fo	rm of or	ganization: L	X Corporation	Trust A	ssociation0	ther 🕨	L Year	of formation: 199	8 M Sta	ite of legal domicile: WI
L	Pa		ummary								
	ا ه	1 Bn	efly describ	e the organization	's mission or mos	t significant activit	es MAKE				
	Governance	<u>M</u> 2	AXIMIZ	ING THE F	EDERAL IN	IVESTMENT	IN BIC	CYCLE (	CONT'D ON	SCH	0)
•	Ĕ	2 Ch	eck this bo	x 🕨 🔲 if the c	organization disco	ntinued its operati	ons or dispo	osed of more	than 25% of its r	et assets	3.
)	Š	3 Nu	imber of vot	ling members of th	e governing body	(Part VI, line 1a)			1	3	18
	ಷ	4 Nu	mber of ind	lependent voting n	nembers of the go	overning body (Par	t VI, line 1b)		j .	4	18
		5 To	tal number	of individuals empl	oyed in calendar	year 2013 (Part V,	line 2a)		ડી .	5	13
	Activities	<b>6</b> To	tal number	of volunteers (estir	nate if necessary	ر النا ز	1111		1	6	18
	; 당	7 a To	tal unrelate	d business revenue	e from Part VIII, c	olumn (C), line 12	(* ' <sub>1</sub>		1	7a	0.
	~∤	<b>b</b> Ne	t unrelated	business taxable i	ncome from Form	990-T, line 34 .		ì .	1	7b	0.
_					<del>"</del>		1	L	Prior Year		Current Year
		8 Co	ntributions	and grants (Part V	III, line 1h)			.	80	2.	4,267.
	Š			ce revenue (Part V	•			·	3,209,23	2.	3,952,462.
	Revenue		-	come (Part VIII, col		 I, and 7d)		·	6,59	7.	3,563.
I	۳			•		c, 9c, 10c, and 11e	e)		100,00		125,000.
						l Part VIII, column			3,316,63	1.	4,085,292.
_	T			nilar amounts paid				.	1,518,25	0.	1,711,366.
				to or for members	•	• •		· -		0.	0.
	စ္က	15 Sa	lanes, other	r compensation, er	nployee benefits	(Part IX, column (A	), lines 5-10)	1	1,112,57	8.	1,124,616.
	Expenses			undraising fees (Pa			. ,			0.	0.
	اوّ			ing expenses (Part			•	0.	- Trans.	<u> </u>	
- 1	ŵ			es (Part IX, column					678,97		712,664.
			•	•	• •	IX, column (A), line	25)		3,309,80		3,548,646.
	ļ		-	expenses. Subtrac			,		6,82		536,646.
ž	58					<del></del>	· ·	Be	ginning of Current Y		End of Year
ŧ	Balances	<b>20</b> To	tal assets (F	Part X, line 16)				-	1,073,00		1,609,668.
ě	<u>ه</u> ا			(Part X, line 26)			••			0.	16.
ţ	訶			fund balances. Sul	htract line 21 from	n line 20		_	1,073,00	6.	1,609,652.
Г	Pa		Signature							- 1	
Ĺ	Inde		_ <u></u>		xamined this return	. including accompar	ivina schedul	es and statem	ents, and to the best	of my kno	wledge and belief, it is
						er) is based on all inf				o,	maga ana aana, ma
=	,								inas any kilomougo.	"	7/14
ç	Sign		Signature	of officer		/			Date	-11/1	
	lere		ERIK	ESBORG,	VICE PRE	IDENT OF	FINANC	E.			
·				rint name and title	<u> </u>			: <del>-</del>			
-		Pr	rint/Type pres	parer's name		Preparer's signatur	01	П	Date , Chec	x T	PTIN
P	aid			ICKMAN		1 // . /	Mern		11/17/14 11		P01240896
	rep	<b>—</b>	rm's name	BROCK A	ND COMPAN		P.C.	1	Firm's EIN		4-0930288
	lse (			900 S M					1 1111 3 211		
	- 1	<i>.</i> ['"			T, CO 805		_ • •		Phone no	303-	776-2160
- A		the IRS	discuse this			ove? (see instruction	ons)		11 110/16 110.		X Yes No
-	riery.	are ins	uracusa tili	a ratum with the pr	Charet allowing	over face manucin		<del></del>	<del> </del>	<del></del>	

0-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.
SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2013)

Form 990 (2013) PEOPLEFORBIKES COALITION, LTD
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," complete Schedule A	1		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 candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			7.7
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X	10		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			,
	Part VI	11a	X	
b	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	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>x</u>
.o 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	$\dashv$	$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	,- <del>7</del> a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u>.                                   </u>		<del></del>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III	19	$\dashv$	$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	to mile zoa, die trie organization attach a copy or its addition interioral statements to this return?	20b		

Form 990 (2013) PEOPLEFORBIKES COALITION, LTD
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		]	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		х
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,		]	•••
	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		$\frac{x}{x}$
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
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	25		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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, Part II, III, or IV, and			
	Part V, line 1	34	$\mathbf{x}_{\perp}$	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
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		
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, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<b>.</b> ,	
	Note. All Form 990 filers are required to complete Schedule O	_38_	X 000	
		Form	<del>2</del> 20 (	2013)

PEOPLEFORBIKES COALITION, LTD

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section   Sect		Check if Schedule O contains a response or note to any line in this Part V			
to Ester the number of forms W20 Gridded in Intel Ester 6- 4 not applicable  b Ester the number of Forms W20 Gridded in Intel Ester 6- 4 not applicable  b Ester the number of Forms W20 Gridded intel Ester 6- 4 not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  22. Entire the number of amployees exported on Form W3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return  13. If all seat one is reported on line 22, did the organization filed illequated federal employment tax returns?  23. If we will be the seat of the seat				Yes	No
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize venines?  2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the catendar year ending with or within the year covered by this return.  3 It is a second on the 2a, did the organization file all required federal employment tax returns?  3 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 In the organization have unreaded business gross income of \$1,000 or more dump the year?  3 It is a second dump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If "Yes," the fire the name of the foreign country.  5 If "Yes," the fire the name of the foreign country.  5 If "Yes," the line of the foreign country.  5 If "Yes," to line 5 a of \$5, did the organization file it was or as a party to a prohibate tax shelter transaction?  5 If "Yes," to line 5 a of \$5, did the organization file form 8898 17  5 If "Yes," to line 5 a of \$5, did the organization file form 8898 17  5 If "Yes," to line 5 a of \$5, did the organization file form 8898 17  5 If "Yes," to line 5 a of \$5, did the organization file form 8898 17  5 If "Yes," to line 5 a of \$5, did the organization file form 8898 17  5 If "Yes," to line organization make where yes oblication an express statement that such contributions or grits were not tax deductable?  5 If "Yes," did the organization mould where yes oblication an express statement that such contributions or grits were not tax deductable?  6 If "Yes," did the organization mould were yes oblication an express statement that such contributions or grits were not tax deductable?  6 If Yes, "did the organization neceive a payment in excess of \$75 made party to grit year year.  7 If If the organization receive a payment in excess of \$75 made party to grit year.  6 If If yes, "	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
to X  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return  3 It all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 It all least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 It is a sum of lines 1 and 2a is greater than 250, you may be required to effel (see instructions)  3 It is with enganization have unrelated business gross income of \$1,000 or more during the year?  4 If Is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4 If Is any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If Is a Was the organization in party to a prohibited tax without the financial Accounts  5 If Is a Was the organization and the organization file form 888617.  5 If Is a Was the organization around the organization file form 888617.  5 If Is a was the organization around the organization file form 888617.  5 If Is a was the organization have annual gross incepts that are normally greater than \$100,000, and did the organization solid any contributions that may receive deductible as chartable contributions?  5 If Is a wear of the organization include with every solidation an express statement that such contributions or grifts were not tax deductible?  5 Organizations that may receive adjusted the form 10867 organization and partly for goods and services provided to the page.  6 If Is a wear or the organization organization organization and partly for goods and services provided to the page.  7 If It were the organization organization and	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions)  3a Did the organization have unested business gross income of \$1,000 or more dump the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  3b If "Yes," and it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O  3b If "Yes," and it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3c A at any time dump the calendary 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 accounts?  5c Was the organization a party to a prohibeted tax shelter transaction at any to the prohibeted tax shelter transaction at any to the prohibeted tax shelter transaction at any contributions of filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts  5c Was the organization a party to a prohibeted tax shelter transaction at any contributions that were not tax deductable in Form 888617  5c Did any taxable party notify the organization file Form 8889 as that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductable contributions under section 170(c).  8c Did the organization selection include with every solicitation an express statement that such contributions or grits were not tax deductable?  9c Torganizations that may receive deductable contributions under section 170(c).  9c Did the organization selection to express that the property for which it was required to the form	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
life dor the calendar year ending with or within the year covered by this return.    13		(gambling) winnings to prize winners?	1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filed a Form 990-17 or this year? If "No," to line 3b, provide an explanation in Schedule 0  3b If "Yes," has if filed a Form 990-17 or this year? If "No," to line 3b, provide an explanation in Schedule 0  3b If "Yes," enter the name of the foreign country;   If "No," to line 3b, provide an explanation in Schedule 0  3c If "Yes," enter the name of the foreign country;   If yes, the state of the programization have an interest in, or a signature or other authority over, a financial account, or other financial account;   If yes, the organization have the organization and program that it is a bank account, securities account, or other financial accounts  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization a party to a prohibited tax shelter transaction?   If yes, to line 5a or 5b, did 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 888517   If yes, to line 5a or 5b, did the organization file form 888517   If yes, to line 5a or 5b, did the organization related that was or is a party to a prohibited tax shelter transaction?   If yes, to line 5a or 5b, did the organization related the yes of the state of the yes	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?  4b If "Yes," has it filed a Form 990-17 for this year? If "No," to line 3b, provide an explaination in Schedule 0  4b If "Yes," the the name of the foreign country; ▶  See instructions for 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?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable?  7c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or or the value of the activation of the organization receive a character to contribution or or the value of the good so reserves provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282 filed during the year  9d If "Yes," indicate the number of Forms 8282 filed during the year  1c If If yes, indicate the number of Forms 8282 filed during the year  1c If If yes, indicate the number of Forms 8282 filed during the year  1c If If yes, indicate the number of Forms 8282 filed during the year  1c If If yes, indicate the number of Forms 8282 filed during the year  1c If If yes, indicate the number of Forms 8282 filed during the year  1d If the organization received a		filed for the calendar year ending with or within the year covered by this return 2a 13			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country:  5c See instructions for filing requirements for Form TD F 9022.1, 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?  5c If "Yes," to line 5a of 5b, dot the organization file form 8986-7?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatable contributions?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization notify the donor of the value of the goods or services provided?  6c Did the organization start may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282 filed during the year  8d If "Yes," indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 filed during the year  9d If Yes, "Indicate the number of Forms 8282 f		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See in structions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts  Sa. Was the organization aper to a prohibited tax shelter transaction at any time during the tax year?  b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c. If "Yes," to line 5a or 5b, did the organization file Foreign B88617?  d. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7. Organizations that may receive deductible contributions under section 170(c).  a. Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 88282?  d. If "Yes," indicate the number of Forms 8282 filed during the year.  9. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7. Did the organization maintaining donor advised funds and section 596(4)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a. Did the organization received a contribution of cars, boats, analysis.  b. Did the organization received a contribution of cars, boats, analysis.  c. Section 501(c)(7) organizations. Enter  a intation fees and capital	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts  58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 LP "Yes," to line 5a or 5b, did the organization file Form 8886-7?  61 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  62 LP "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  63 Type and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  64 Use of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  65 Organizations that may receive deductible contributions under section 170(c).  66 If "Yes," did the organization notify the donor of the value of the goods or services provided?  76 If "Yes," indicate the number of Forms 8282 filed during the year  96 Ded the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 822?  16 If "Yes," indicate the number of Forms 8282 filed during the year  97 Did the organization received an contribution of qualified intellectual property, did the organization. Before 1990 the year, pay premiums, directly or native type organizations. Did the supporting organization received a contribution of cars, boats, anghales, or other vehicles, did the organizations. Profess of the programization make any taxable distributions under section 4986?	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country;    Sea instructions for filling 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?  5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c. Dif "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c. Different and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c. Organizations that may receive deductible contributions under section 170(c).  8 Did the organization review a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?  9 Different 8282?  10 Did the organization notify the donor of the value of the goods or services provided?  10 Did the organization ell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  10 Did the organization organization and services and the payor of the organization of the services of the payment of the form 8282 filed during the year  10 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 If the organization received a contribution of cars, boats, arphanes, or other vehicles, did the organization file a Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  12 Did the organization received a distribution to a donor, donor advisor, or re	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for Form TD F90/22.1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," indicate the number of Forms 8282 filed during the year of the poods or services provided? 9 If "Yes," indicate the number of Forms 8282 filed during the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098C? 9 Sponsoring organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the payoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make a distribution to a donor, donor advised, property and the organizations. Did the payoring organizations maintaining donor advised funds. 10 Did the organization members or shareholders 11 Did Section 501(k)(7) organizations. Enter a lintation fees and capatile contributions in		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a	b	If "Yes," enter the name of the foreign country:			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  50 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  9 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If "Yes," indicate the number of Forms 8282 filed during the year  10 Did the organization receive any funds, directly or indirectly, to pay premiums, directly, or a personal benefit contract?  10 Did the organization receive any contribution of qualified intellectual property, did the organization file Form 1098-C?  11 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  12 Sponsoring organizations maintaining donor advised funds as escens 509(3)3 supporting organizations. Brief organizations in a maintaining donor advised funds.  12 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12  13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  14 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  14 Section 501(c)(12) organizations. Enter a limitation fees and capital contributions included on Part VIII, line 12  15 Section 501(c)(12) organization		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
tif "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charatible contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a   7a   7b   1   1   1   1   1   1   1   1   1	5a		5a		
Source the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  **Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  **Organizations that may receive deductible contributions under section 170(c).  **Did the organization receive deductible contributions under section 170(c).  **Did the organization organization notify the donor of the value of the goods or services provided?  **Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  **Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  **Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  **Organization received a contribution of cars, boats, arplanes, or other wholes, did the organization file a Form 1098-C?  **Organization received a contribution of cars, boats, arplanes, or other wholes, did the organization file a Form 1098-C?  **Organization received a contribution of cars, boats, arplanes, or other wholes, did the organization file a Form 1098-C?  **Organization make any taxable distributions under section 4966?  **Did the organization make a distribution to a donor, donor advisor, or related person?  **Section 501(c(X)) organizations. Enter  **Initiation fees and capital contributions included on Part VIII, line 12  **Did the organization make any taxable distributions under section 4966?  **Did the organization make any taxable distributions under section 4966?  **Did the organization make any taxable distributions under section 4966?  **Did the organization make and capital contributions included on Part VIII, line 12  **Did the organization make and capital contributions included on Part VIII, line 12  **Did the organization is included from them 11 to the part of the pa	-		5b		X
any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Corganizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization fle a Form 1098-C?  Sponsering organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fle a Form 1098-C?  Sponsering organizations maintaining donor advised funds and section 59(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a 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?  Deferome the success of the supporting organization fle a Form 1041?  b Gross receipts, included on Form 990, Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11a  Deferom 501(c)(2) organizations. Enter  a Ister organization included			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Ta  Tb  I "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  E Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098C?  Sponsoring organizations maintaining donor advised funds.  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  B action 501(c)(7) organizations. Enter  Intuition fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  B organization file Form 1041?  I b d'Yes, "indicate the number of shareholders of the property of the supporting organization in the supporting organization file Form 1041?  I b d'Yes, "indicate the number of pagnization into the companization file form 1041?  I b d'Yes, "indicate th	6a				37
were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To  b If "Yes." did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes." indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of organization property, did the organization file Form 8899 as required?  The property of the organization received a contribution of organization property, did the organization file Form 8899 as required?  The property of the organization received a contribution of organization, and selection fole(a)(a) supporting organizations. Did the supporting organizations in an intaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution included on Part VIII, line 12  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did by the organization property on the term of the property of the		,	6a		_ <u>A</u>
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Ta  7 T	р	·	_,		
a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	7	• •	6D		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7t   7t   7t   7t   7t   7t   7t   7t		• • • • • • • • • • • • • • • • • • • •	70		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7					
to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization 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  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f  The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7f  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 59(3)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 59(3)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b 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  Cection 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves t			7.0		
d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a 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? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders 11a 12a 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 14a 15 Interest the amount of tax-exempt interest received or accrued during the year 15 Interest the amount of tax-exempt interest received or accrued during the year 15 Interest the amount of reserves the organization in sequired to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in wh	·		70	İ	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution to a donor, donor advisor, or related person?  Did the organization make a distribution included on Part VIII, line 12  Did fross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did Gross income from members or shareholders  Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  Did If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of res	d	i i i i i i i i i i i i i i i i i i i			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a 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?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against 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?  12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b	е	<u> </u>	7e		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a 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?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b Did the organization make a distribution to a donor, donor advisor, or related person?  9 cross income feas and capital contributions included on Part VIII, line 12  10 a Did the organization included on Form 990, Part VIII, line 12, for public use of club facilities  10 b Cross income from members or shareholders  11 a Did	f		7f		
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?  Sponsoring organizations maintaining donor advised funds.  a 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?  Did the organization make a distribution to a donor, donor advisor, or related person?  Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Cross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  A bid the organization receive any payments for indoor tanning services during the tax year?	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a 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 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Initiation fees and capital contributions included on Part VIII, line 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Initiation licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b Initiation licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a X	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
a 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?  Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a  X		organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  2 Jud the organization receive any payments for indoor tanning services during the tax year?  14a X	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X	а	• • • • • • • • • • • • • • • • • • • •	9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  2 Ita  14a X	b		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  2 Inter the amount of reserves on hand  13c  14a X	10	l I			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 2 3c 4d 5d					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 15 Is the organization licensed to issue qualified health plans in more than one state? 16 Note. See the instructions for additional information the organization must report on Schedule O. 17 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 17 C Enter the amount of reserves on hand 18 Did the organization receive any payments for indoor tanning services during the tax year?  18 A X					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form 1041?  12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  13b Interest the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b Interest the amount of reserves on hand  13c Interest the amount of reserves on hand  13c Interest the amount of reserves any payments for indoor tanning services during the tax year?  14a Interest the amount of the source and payments for indoor tanning services during the tax year?					
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  X		·		ļ	
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  12a  12a  12b  13a  13a  13a  13b  13b	-				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a X	12a	,	122	l	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a  X					
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13b  13c  14a  X					
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X		• • • • • • • • • • • • • • • • • • • •			
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	b	- · · · · · · · · · · · · · · · · · · ·			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		organization is licensed to issue qualified health plans			
	С	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a	]	X
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لــــ	

Form 990 (2013) PEOPLEFORBIKES COALITION, LTD 39-1946697 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 10 thr to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 18		Yes	No
1a				
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent 1b 18			ŀ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ŀ	
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		<b> </b> •
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<del> </del>	X
6	Did the organization have members or stockholders?	6		_^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x
_	more members of the governing body?	7a	_	_
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		1	x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	-	^
8	The governing body?	0-	x	-
		8a	X	
	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 at the	8b		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	}	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9	L	
<del></del>	tion D. 1 onoico (mis dection o requests information about policies not required by the internal nevenue dode)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 with a			
	taxable entity during the year?	16a	·	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ŀ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion:	<b>▶</b> .	
	ERIK ESBORG, VICE PRESIDENT OF FINANCE - (303)449-4893			
	1966 13TH STREET, NO. 250, BOULDER, CO 80302			

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

Check if Schedule O contains a response or note to any line in this Part VII		

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.
- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons

(A)	(B)	T .			C)	ро	,,,,,,,	(D)	(E)	(F)
Name and Title	Average hours per week	box	, unle	ss pe	rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS KEGEL DIRECTOR	1.00	X						0.	0.	0.
(2) JOHN BURKE	1.00	<u> </u>		_	⊢	_	┢	0.	0.	•
DIRECTOR	1.00	x			l		l	0.	0.	0.
(3) JEFF FREHNER	1.00	1	$\vdash$		┢	┢	┢	•	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(4) STEVE FLAGG	1.00	┢▔	$\vdash$	-	┢	╁─╴	╁	-		
DIRECTOR		x						0.	0.	0.
(5) MICHAEL MERCURI	1.00				$\vdash$					
CHAIRMAN		x						0.	0.	0.
(6) PATRICK SEIDLER	1.00				┢	<del>  -</del> -	┢			
DIRECTOR		X						0.	0.	0.
(7) MIKE SINYARD	1.00									
DIRECTOR		X						0.	0.	0.
(8) STEVE MEINEKE	1.00									
DIRECTOR		X						0.	0.	0.
(9) BILL SMITH	1.00									
DIRECTOR		X						0.	0.	0.
(10) FRED CLEMENTS	1.00							1		
DIRECTOR		X						0.	0.	0.
(11) PATRICK CUNNANE	1.00									
VICE CHAIRMAN	-	X						0.	0.	0.
(12) ELYSA WALK	1.00	]								
TREASURER		X						0.	0.	0.
(13) DAVID MANCHESTER	1.00	]							-	
DIRECTOR		X			乚			0.	_0.	0.
(14) Y.T. TANIYAMA	1.00	]		ŀ	1					
DIRECTOR		X			_	<u> </u>	L	0.	0.	0.
(15) PAUL COLLINS	1.00					ŀ			_	_
DIRECTOR	4 6 6	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(16) PAT HUS	1.00	١		1						_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	╙	<u> </u>	0.	0.	0.
(17) DAVID PRUITT	1.00	١							_	_
DIRECTOR		X	L		Ц	<u> </u>		0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			•			
(A)	(B)			(0	C)			(D)	(E)		(F	7)			
Name and title	Average	1,40		Pos		than	one	Reportable	Reportable		Estim	-			
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amou	nt of			
	week	├─	T	lo a o	II ecil	or/trus	T	from	from related		oth				
	(list any hours for	iec to						the	organizations		compe				
	related	ρö	83			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		from				
	organizations	ruster	l trus		8	nbeu		(44-2/1099-14113C)			organi and re				
	below	dual	liona	_	흔	stcor					organiz				
	line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег				3				
(18) JESSICA KLODNICKI	1.00			Г						十					
DIRECTOR		X						0.	c	١.١		0.			
(19) ERIK ESBORG	24.00							<del> </del>		十					
VICE PRESIDENT OF FINANCE	16.00	1		х				123,011.	C		13.	930.			
(20) TIM BLUMENTHAL	36.00	$\vdash$	T		$\vdash$	1				╁	,				
PRESIDENT	4.00	1		х		i		209,744.	C		22.	916.			
				-		H		,		0. 22,510					
		┢	-	$\vdash$			-		, ,	┿					
		l				I									
						╁─				+					
										+					
	<del></del>	ł	•												
			⊢	-		$\vdash$		ļ		<del></del>					
		ł				ł				- 1					
	-		├				├	ļ	-	+					
	-						l			i					
1 21	<u></u>				L	<u> </u>	Ļ	332,755.		+	26	0.4.6			
1b Sub-total								332,733.			30,	846.			
c Total from continuation sheets to Part V	I, Section A									•	26	0.			
d Total (add lines 1b and 1c)							<u> </u>	332,755.		•	36,	846.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			^			
compensation from the organization								· <del>_</del>			1	2			
										_	Ye	s No			
3 Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on			_ [ ]			
line 1a? If "Yes," complete Schedule J for s								•	•	L	3	X			
4 For any individual listed on line 1a, is the su								-	the organization	_		!			
and related organizations greater than \$150			-							⊢	4 X	<del>\</del>			
5 Did any person listed on line 1a receive or a	-				•		elat	ed organization or indivi	dual for services						
rendered to the organization? If "Yes," com	plete Schedul	e <i>J 1</i>	or si	uch	pers	son				丄	5	X			
Section B. Independent Contractors								<del>_</del> .							
1 Complete this table for your five highest co										nsat	ion fron	1			
the organization. Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ithir	the organization's tax	year						
(A)				_				(B)	i	_	(C)	_			
Name and business	address	N	INC	<u>:</u>			_	Description of s	ervices	Cor	mpensa	tion ————			
									ŀ						
							_								
***							$\Box$								
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	sted	l above) who received m	ore than						
\$100,000 of compensation from the organi	-					0									
organi									<u> </u>		orm QQI	<b>)</b> (2013)			
332008 10-29-13										, (	551	- (EU 10)			

Page 9

Form	990	(2013) PEOPI	LEFORBIKE	S COALIT	ION, LTD		39-1946	697 Page 9
	rt VI		nue					
		Check if Schedule O con	tains a response	or note to any i	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns .	1a					·
our		Membership dues	1b					
S, M	С	Fundraising events	1c		1			
ar /	d	Related organizations	1d		1			
ini ini	е	Government grants (contribut	tions) 1e	-				
rior S	f	All other contributions, gifts, gran	nts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ove 1f	4,267.				
d of	g	Noncash contributions included in lines	s 1a-1f \$					
<u>3 E</u>	h	Total. Add lines 1a-1f		<u> </u>	4,267.			
				Business Code			_	
ဗ	2 a			900099	2,352,615.			
ē Š	b	PARTNERSHIPS &		900099		1,395,731.	-	
en.	С	EMPLOYEE PURCHA	ASE FEES	900099	204,116.	204,116.		
Program Service Revenue	d							
ē.	е							
۱ ۵	f	All other program service reve	enue				_	
_	g	Total. Add lines 2a-2f			3,952,462.		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dividends, intere	est, and	2 562			2 - 6 2
		other similar amounts)	•	<b>•</b>	3,563.			3,563.
j	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties .		<u> </u>				
	_	_	(ı) Real	(II) Personal	-			
	6 a				1			
		Less rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)	(3. Cassumbles	(1) Other	-	<u> </u>		
	/ a	Gross amount from sales of assets other than inventory	(i) Secunties	(II) Other	_			
	h	Less cost or other basis			1	ļ		
	D	and sales expenses						
	c	Gain or (loss)			1	1		•
		Net gain or (loss)		<u> </u>				
		Gross income from fundraisin	a events (not				-	
ž	•	including \$						
eve		contributions reported on line						
<u>ہ</u> ھ		Part IV, line 18	a					
Other Revenue	b	Less. direct expenses	b		] _			
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	. a					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	retums					
		and allowances	a		<u> </u>			
	b	Less cost of goods sold	b		]			
	С	Net income or (loss) from sale	es of inventory	<u> </u>	ļ			
		Miscellaneous Revenu		Business Code				
	11 a	AFFILIATION FEE	s - PEOP	900099	125,000.	125,000.		
	b				ļ	<b> </b>		
	С	· · · · · · · · · · · · · · · · · · ·			·	ļ <u></u>		
	đ	•• •		<u> </u>	105 000	ļ		
		Total. Add lines 11a-11d	•	🟲	125,000.			2
	12	Total revenue. See instructions.			M4,000,292.	4,077,462.	0.	3,563.

Perform 990 (2013) PEOPLEFORBIKE
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	<del></del>		omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX(B)	(C)	(b)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,711,366.			.,,
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees	369,601.			
6	Compensation not included above, to disqualified	303,001.			
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	593,557.			<u>.</u>
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	29,353.			
9	Other employee benefits	67,983.	•		
10	Payroll taxes	64,122.			,
11	Fees for services (non-employees)		<u> </u>		
а	Management				
b	Legal	13,057.			
С	Accounting .	1.50			
d	Lobbying	169,854.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 520			
40	column (A) amount, list line 11g expenses on Sch 0.)	8,539. 163,062.			
12	Advertising and promotion	22,719.			<del>-,</del>
13 14	Office expenses Information technology	8,681.			
15	Royalties				
16	Occupancy	70,224.			
17	Travel	174,078.			<del></del>
18	Payments of travel or entertainment expenses		<del></del>		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,380.			
23	Insurance	11,798.			<u> </u>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.)  TELEPHONE	14,206.	······		
a b	PROXY TAXES	14,000.			
C	POSTAGE AND SHIPPING	13,263.	<del></del>		
d	JANITORIAL DALLI INC.	7,121.			
e	All other expenses	15,682.			
25	Total functional expenses. Add lines 1 through 24e	3,548,646.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X | Balance Sheet

تـــــــــــــــــــــــــــــــــــــ							<del> </del>
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X		<del></del>	·
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash - non-interest-bearing			265,246.	1	259,911.
	2	Savings and temporary cash investments			782,593.	2	1,321,155.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer o	officers, directors,			
		trustees, key employees, and highest compensation	ated er	nployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			ļ
	1	employers and sponsoring organizations of sect					
ţ		employees' beneficiary organizations (see instr).	·	6			
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			483.	9	5,948.
	10a	Land, buildings, and equipment cost or other	1		1 1010		
		basis Complete Part VI of Schedule D	10a	50,439.			
	b	Less: accumulated depreciation	10b	28,985.	23,484.	10c	21,454.
	11	Investments - publicly traded securities				11	
	12	Investments other securities See Part IV, line 1		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	•		1,200.	15	1,200.
	16	Total assets. Add lines 1 through 15 (must equi	al line :	34)	1,073,006.	16	1,609,668.
	17	Accounts payable and accrued expenses				17	16.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete I		21			
S	22	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	I disqualified persons			
abi		Complete Part II of Schedule L				22	
⊐	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties .		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	) Complete Part X of			
		Schedule D .				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	16.
		Organizations that follow SFAS 117 (ASC 958	), che	ck here 🕨 📖 and 📗			
ŝ		complete lines 27 through 29, and lines 33 an	d 34.	Ì			<u>.</u> .
auc	27	Unrestricted net assets .				27	
Bal	28	Temporarily restricted net assets				28	
힏	29	Permanently restricted net assets		. 🖘		29	
3	1	Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🛣			
P	l	and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	-	452,732.	30	452,732.	
Ass	31	Paid-in or capital surplus, or land, building, or ed		•	0.	31_	0.
et	32	Retained earnings, endowment, accumulated in	come,	or other funds	620,274.	32_	1,156,920.
Z	33	Total net assets or fund balances .			1,073,006.	33	1,609,652.
	34	Total liabilities and net assets/fund balances			1,073,006.	34	1,609,668.

	990 (2013) PEOPLEFORBIKES COALITION, LTD	<u> 39-1</u>	946697	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,54		
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,07	3,0	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,60	9,6	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990. Lash Accrual Other		_		
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		L.,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			<u></u>
	Act and OMB Circular A-133?		. <u>3a</u>	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

#### 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.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2013

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 V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
		ORBIKES COALITIO			39-1946697
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2 3	Provide a description of the organize Political expenditures Volunteer hours				
	· · · · · · · · · · · · · · · · · · ·	ganization is exempt und		<del>```</del>	
	Enter the amount of any excise tax	•		. • \$	
	Enter the amount of any excise tax			▶\$	<del></del>
	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes   No
	Was a correction made?				L Yes
	o If "Yes," describe in Part IV art I-C Complete if the org	ranization is exempt und	er section 501/c)	except section F01/	2/3/
1 2 3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and en made payments For each organization contributions received that were propolitical action committee (PAC). If	d by the filing organization for sec nization's funds contributed to other s Add lines 1 and 2 Enter here a 1120-POL for this year? inployer identification number (Ell nition listed, enter the amount paid comptly and directly delivered to a	ction 527 exempt function 527 exempt functions for some one form 1120-POL  N) of all section 527 pod from the filing organical separate political	stion activities ection 527  \$ \$ solitical organizations to whice the partial state of the pa	Yes No the the filing organization the amount of political the segregated fund or a  (e) Amount of political contributions received and
				funds If none, enter -0	promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2013

Schedule © (Form 990 or 990-EZ) 2013  Part II-A   Complete if the org						1946697 Page 2
(election under sec			inpi under secut	on 50 r(c)(s) and me	ea Form 5/68	
A Check Inf the filing organiza expenses, and shall	tion belon re of exces	gs to an aff		n Part IV each affiliated	group member's na	me, address, EIN,
Limi	ts on Lob	bying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (	(grass roots lobbying)		<del></del>	· <del>  · · · · · · · · · · · · · · · · · ·</del>
b Total lobbying expenditures to infli						
c Total lobbying expenditures (add li	nes 1a an	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1c	<b>d</b> )	· · · [		
f Lobbying nontaxable amount. Enter	er the amo	unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
Over \$17,000,000		\$1,000,				
	-					
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)		_		
h Subtract line 1g from line 1a If zer	o or less, e	enter 0		·		
i Subtract line 1f from line 1c If zero	or less, e	nter -0-	• •			
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720	-	· I
reporting section 4911 tax for this						Yes No
(Some organiz	ations tha	at made a s		Section 501(h) n do not have to comp es 2a through 2f on pag		
	Lobk	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots postsychia amazza						
d Grassroots nontaxable amount			1	<del>                                     </del>		· <del> </del>
e Grassroots ceiling amount (150% of line 2d, column (e))						
(150% of fine 2d, column (e))		···	-		<u> </u>	<del> </del>
f Grassroots lobbying expenditures						

# Schedule © (Form 990 or 990-EZ) 2013 PEOPLEFORBIKES COALITION, LTD 39-194669 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	3)	(t	)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				<del>.</del>
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				_
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ection	
501(c)(6).	* *			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No," O	R (b) Par	t III-A, IIr	ne 3, is
answered "Yes."		1	2 2 5 2	C1E
1 Dues, assessments and similar amounts from members	•	1	4,352	,615.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	aı			
expenses for which the section 527(f) tax was paid).			1 5	,031.
a Current year  b Carryover from last year		2a		,,,,,,,,
c Total		. 2b	1 =	,031.
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 exc		-3-		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
and the organization agree to tarry over to the reactinate community or nonactable tobbying and p	Ontiou)	4		
expenditure next year?			1 5	,031.
expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)	• •	5		
		5		
5 Taxable amount of lobbying and political expenditures (see instructions)	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group	list), Part II			

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PEOPLEFORBIKES COALITION T.TD **Employer identification number** 39-1946697

Pa	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		71000 and 1000 mpiete in the
	organization anoverse into to form ood, fair (1), into	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1) - 1111 - 1111 - 1111	(-),,,,,,,,,,
_	, , , ,		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
•	are the organization's property, subject to the organization's	•	· · Yes I No
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	
Pai	impermissible private benefit?	474 114 5 000 5 11	Yes No
			IV, line /
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		• •
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	panization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	g the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	·)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	•	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, 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		. > \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X	• ••	<b>S S</b>

	chedule D (Form 990) 2013 PEOPLEFORBIKES COALITION, LTD 39-1946697 Page 2									
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical 1	reasures,	or Othe	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of th	ne following tha	at are a si	gnificant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	(	, <u> </u>	Loan or ex	xchange progr	ams				
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hey furthe	r the organizat	ion's exer	mpt purp	ose in Pai	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical tre	easures, or oth	ier similar	assets		_	
	to be sold to raise funds rather than to be m								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		ete if the	e organizat	tion answered	"Yes" to	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributi	ons or other as	ssets not	ıncluded		_	
	on Form 990, Part X?				-			L.	」Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	L		<del></del>
	Did the organization include an amount on F	•				•		L	<b>」Yes</b>	No ا
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10									
Pai	T V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	(d) Three y	years back	(e) Four ye	ears back
1a	Beginning of year balance			<del></del>			-			
b	Contributions									
С	Net investment earnings, gains, and losses		<b></b> _		<b>_</b>				ļ	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				<del>-</del>					
f	Administrative expenses									
g	· · · · · · · · · · · · · · · · · · ·									
2										
а										
С	c Temporarily restricted endowment ▶%									
_	The percentages in lines 2a, 2b, and 2c should equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by. Yes No									
	(i) unrelated organizations									
	(ii) related organizations		0	de la DO					3a(iı)	<del></del>
	If "Yes" to 3a(ii), are the related organization:								3b	
Pai	Describe in Part XIII the intended uses of the		owment	tunas	<del></del>					
rai			) Dard II	/ line 44=	Con Farm 000	. Deat V	lino 10			
	Complete if the organization answere			<del></del>		<del></del>			(-I) E :	
	Description of property	(a) Cost or of basis (investigation)		1	st or other is (other)		cumulate preciation		(d) Book v	alue
	Lond	Dasis (illvesti	-	Dasi	is (Ulliel)	uep	, eciation			
	Land .	-								
	Buildings								<del></del>	
	Leasehold improvements	·		<del>                                     </del>	50,439.		28,9	95	21	,454.
	Equipment			<del>                                     </del>	JU, 4JJ.		20,5	<del>-  -</del>	41	, 454.
	Other  Add lines 1a through 1e. (Column (d) must e	aual Form 990 Port	Y colu	nn (B) line	10(c) )				21	,454.
ı otal	. Add mies ta unough te. (Coldini (d) mast e	quai i oiiii 330, rai	. A, CUIUI	יווו נטן, ווווכ					41	,

► 21,454. Schedule D (Form 990) 2013

1.	(a) Description of hability	(D) BOOK Value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		;
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25.)	

2.	Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	
	organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII	

Schedule D (Form 990) 2013

SCHEDULE (Form 990)

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

OMB No 1545-0047

Employer identification number § [ 39-1946697 SENERAL BICYCLING GRANT SENERAL BICYCLING GRANT SENERAL BICYCLING GRANT SENERAL BICYCLING GRANT Open to Public SENERAL BICYCLING GRANT ENERAL BICYCLING GRANT Inspection (h) Purpose of grant or assistance X Yes 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 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www irs gov/form990 (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 0 ٥. 0 ö 。 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 75,000. 20,000. 10,000. 100,000 907,000. 100,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LTO (c) IRC section if applicable PEOPLEFORBIKES COALITION, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) General Information on Grants and Assistance (p) EIN cnteria used to award the grants or assistance? 1 (a) Name and address of organization INTERNATIONAL MOUNTAIN BICYCLING ALLIANCE FOR BIKING AND WALKING LEAGUE OF AMERICAN BICYCLISTS CALIFORNIA BICYCLE COALITION 1612 K STREET NW, SUITE 800 215 WEST FRANKLIN, STE 214 ASSOCIATION - PO BOX 7578 PEOPLEFORBIKES FOUNDATION or government WASHINGTON, DC 20006 SEA OTTER FOUNDATION WASHINGTON, DC 20035 SACRAMENTO, CA 95814 1017 L STREET, #288 Name of the organization CA 93940 BOULDER, CO 80306 BOULDER, CO 80306 Department of the Treasury Internal Revenue Service PO BOX 65150 PO BOX 2359 MONTEREY, Part Part II N

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

_	
7	
ŭ	
ú	
7	
$\vec{\sigma}$	
ï	
Ì	
σ	١

SOPLEFORBIKES COALITION, LTD	to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
PEOPLEFORBIKES COALITION,	of Grants and Other Assistance to
Schedule I (Form 990)	Part II Continuation

Partii Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 930), Partii)	Assistance to Go	vernments and Organ	izations in the Or	ilted States (Sche	dule I (Form 990), Par	l II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or or assistance
COMMUNITY DEVELOPMENT COUNCIL GREATER MEMPHIS - 1548 POPLAR AVENUE - MEMPHIS, TN 38104		501(C)(3)	7,158.	0			GENERAL BICYCLING GRANT
ATLANTA BICYCLE COALITION 692 KIRKWOOD AVENUE, #C-1 ATLANTA, GA 30303		501(C)(3)	10,000.	0.			GENERAL BICYCLING GRANT
BICYCLE COLORADO 1525 MARKET STREET, STE 100 DENVER, CO 80202		501(C)(3)	9,500.	0.			GENERAL BICYCLING GRANT
BOULDER B-CYCLE 3601 ARAPAHOE AVENUE BOULDER, CO 80303		501(C)(3)	8,333.	0.			GENERAL BICYCLING GRANT
CITY OF BEACH PO BOX 278 BEACH, ND 58621		501(C)(3)	10,000.	0.			GENERAL BICYCLING GRANT
CITY OF NAMPA DEPT. OF PARKS & REC 131 CONSTITUTION WAY - NAMPA, ID 83686		501(C)(3)	5,250.	0.			GENERAL BICYCLING GRANT
EAST BAY BICYCLE COALITION PO BOX 1736 OAKLAND, CA 94604		501(C)(3)	10,000.	0.			GENERAL BICYCLING GRANT
ECO COUNTER 715-3981 ST-LAURENT BLVD MONTREAL, QUEBEC, CANADA H2W 1Y5			5,065.	0			GENERAL BICYCLING GRANT
FRIENDS OF THE CAL-SAG TRAIL 1639 BURR OAK ROAD HOMEWOOD, IL 60430		501(C)(3)	10,000.	0.		ŭ.	GENERAL BICYCLING GRANT
							Schedule I (Form 990)

σ	•
ŭ	
Ū	
7	•
σ	ı
[	

į	n (    1
	(Form 990), Part
	)66 u
	(Forr
	Jule I
	schec
	os) sət
1	ø,
	• United St
	he U
	in t
	tions
_	aniza
LTD	Org
٦,	and
iOi	ents
LI	ernr
COALITION, L	Gov
PEOPLEFORBIKES COALITION, LTD	ce to
KES	stan
RBIKE	Assi
OR	ther
LEF(	O pu
PEOPL	nts a
PI	Gra
	ion of
. 990	nati
(Forn	onti
ule	=
ched	Part 11
S	_

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the U	nited States (Sche	dule I (Form 990), Parl	[1]	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEARING UP 1221 LOCUST STREET, STE 105 PHILADELPHIA, PA 19107		501(C)(3)	8,333.	0	:		GENERAL BICYCLING GRANT
MOUNTAIN WATERSHED ASSOCIATION 1414B INDIAN CREEK VALLEY RD MELCROFT, PA 15462		501(C)(3)	10,000.	0			GENERAL BICYCLING GRANT
NEBRASKA TRAILS FOUNDATION 1225 L STREET, STE 501 LINCOLN, NE 68508		501(C)(3)	10,000.	0			GENERAL BICYCLING GRANT
SANTA BARBARA BICYCLE COALITION PO BOX 92047 SANTA BARBARA, CA 93190		501(C)(3)	10,000.	0			GENERAL BICYCLING GRANT
TRANSPORTATION ALTERNATIVES 127 WEST 26TH STREET, SUITE 1002 NEW YORK, NY 10001		501(C)(3)	10,000.	0			GENERAL BICYCLING GRANT
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486		501(C)(3)	10,000.	0.			GENERAL BICYCLING GRANT

Schedule I (Form 990) (2013) PEOPLEFORBIKES COALITION, LTD

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

Part III can be duplicated if additional space is needed. PEOPLEFORBIKES COALITION, LTD

Page 2

39-1946697

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2013)

332102 10-29-13

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.us gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury Internal Revenue Service

Part I

PEOPLEFORBIKES COALITION, LTD

Employer identification number

39-1946697

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			į
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	ľ		i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	-		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			i I
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   Written employment contract		:	
	Independent compensation consultant Compensation survey or study			}
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			37
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_A_
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			1
а	The organization?	5a		I
	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of.			
а	The organization?	6a	-	
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7	-	-
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	اها		Ì

39-1946697

Page 2

PEOPLEFORBIKES COALITION, LTD

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(g)	reported as deferred in prior Form 990
(1) TIM BLUMENTHAL	E	209,744.	0	0	22,916.	0	232,66	0
PRESIDENT	<u> </u>		0	0	0	0	0	
	ε							
	≘							
	Ξ							
	≘							
	€							
	Ξ_							
	▣							
	Ξ							
	( <u>ii</u> )							
	Ξ							
	(ii)							
	Θ							
	<b>(ii)</b>							
	Ξ							
	▣							
	Ξ							
	Ξ							
	Ξ							
	∄			ļ				
	Ξ							
	≘							
	Ξ			:				
	▤							
	Ξ							
	≘							
	Ξ							
	₿							
	Ξ							
	≘							
332112							Schedu	Schedule J (Form 990) 2013

Page 3

Schedule J (Form 990) 2013	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	rovide the inform

#### **SCHEDULE L**

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization

**Employer identification number** 

				actions (section 501(c)(3) and section 501(c)(4) organizations only).							400	09/				
Part I	_															
	Complete if the	organizatior	ansv	vered "Yes" on	Form !	990, Pa	art IV, line 25a or	25b,	, or Form 990-EZ, F	art V,	line 40	<u>Jb.</u>				
1 (a) N	ame of disqualified p	person	(b) R	Relationship bet			lified	(c)	) Description of tran	eactic	'n		(d)	Corre	cted?	
	and or disquamica p			person and or	rganız	ation		(0)	, bescription or trai	isaciic			Y	es	No	
					_											
													丄			
													Ш_			
														L		
2 Ente	er the amount of tax	incurred by	the o	rganization man	agers	or disc	qualified persons	dun	ing the year under							
sect	ion 4958										▶ \$					
3 Ente	er the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganization				▶ \$					
Down II	T 1 4	- / - :: <b>F</b>	. 11													
Part II																
							, Part V, line 38a	or Fo	orm 990, Part IV, Iır	ne 26,	or if th	ne orga	ınızatı	on		
	reported an amo				•							TO 1 8 =				
	(a) Name of	(b) Relation		(c) Purpose		an to or	(e) Onginal	.	(f) Balance due		ln	(h) Ap, by bo	proved ard or	(i) W	ritten	
inti	erested person	with organiz	zation	of loan	organi	zation?	principal amoun	וויי		defa	ult?	cómm	uttee?	agree	mentz	
		ļ			То	From		_		Yes	No	Yes	No	Yes	No	
	,							-		<u> </u>				<u> </u>	L	
		-			ļ			4	<del></del>			<b></b>				
		<u> </u>						4								
								_				╙	L		<u> </u>	
	<del></del>					ļ		4							<u> </u>	
		ļ				اِ ا		_					L			
		ļ				$oxed{oxed}$		_								
		<u> </u>						$\bot$								
		ļ				<u> </u>		_								
		<u> </u>							· · · · ·							
Total	II Overte en Ae	alatan aa	D		4-	J N -	<u> </u>	\$							ŧ	
Part II				=												
			ansv	vered "Yes" on I	Form 9	990, Pa			<del></del>							
Complete if the organization (a) Name of interested person		(b) Relationship between				• •	(c) Amount of (d) Ty						) Purpose of			
				interested pers the organiza		a	assistance		assistan	ce	-	i	assista	ance		
		-	+	0.9420												
											_					
			+						1		$\perp$					
			+													
			+													
			+								-					
			+								$\dashv$					
							_				$\perp$					
			+	·							-+					
			ı						I		- 1					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

FOUNDATION TO BIKES BELONG COALITION: \$125,000

(E) SHARING OF ORGANIZATION REVENUES? = NO

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

PEOPLEFORBIKES COALITION, LTD

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public Inspection

**Employer identification number** 

39-1946697

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROJECTS AND WORKING WITH COMMUNITIES TO IMPROVE THE EXPERIENCE. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE FORM 990 IS REVIEWED BY THE BOARD TREASURER PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: AN ANTI-TRUST STATEMENT IS READ AT THE BEGINNING OF EACH MEETING, ANY CONFLICTS OF INTEREST ARE ADDRESSED AT THAT TIME. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: TOP MANAGEMENT AND OFFICERS COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNING BOARD. ALL DELIBERATION AND DECISIONS ARE DOCUMENTED.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

➤ See separate instructions.

2013
------

Information about Schedule R (Form 990) and its instructions is at www irs gov/form990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

LTD

PEOPLEFORBIKES COALITION,

Employer identification number 39-1946697 Open to Public Inspection

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year ε End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

(9) Section 512(b)(13) controlled entity? ŝ × Yes Direct controlling ε status (if section 501(c)(3)) Public charity .70(B)(1) (A)(VI) Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) <u>ق</u> COLORADO PROMOTION OF BICYCLE Primary activity SAFETY PROJECTS AND CHILDREN'S BICYCLE <u>e</u> PEOPLEFORBIKES FOUNDATION - 20-4306888 Name, address, and EIN of related organization 1966 13TH STREET, SUITE 250 BOULDER, CO 80302

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Schedule R (Form 990) 2013

General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Code V-UBI General or Pramount in box pariner? 20 of Schedule K-1 (Form 1065) Yes No Percentage ownership Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Ξ Share of end-of-year assets <u>6</u> Disproportionate Yes No allocations? Ξ Share of total Income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) છ (d) (d) Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2013

332162 09-12-13

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			ı	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?	
				Ta X
b Gift, grant, or capital contribution to related organization(s)				4
<ul> <li>Gift, grant, or capital contribution from related organization(s)</li> </ul>				
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)			1	1g X
h Purchase of assets from related organization(s)				# X
i Exchange of assets with related organization(s)			: :	1i X
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			th X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uoi			1n X
<ul> <li>Shanng of paid employees with related organization(s)</li> </ul>				10 X
				4,
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				1g Х
r Other transfer of cash or property to related organization(s)	·		:	
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	ns line, including covered	relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	lved
	type (a-s)			
(1) PEOPLEFORBIKES FOUNDATION	щ	907,000.		
(2) PEOPLEFORBIKES FOUNDATION	Z	15,000.		
(3) PEOPLEFORBIKES FOUNDATION	0	110,000.		
(4)				
(5)				
(9)				
332163 06-12-13			Schedule R (	Schedule R (Form 990) 2013

39-1946697

Page 4

Schedule R (Form 990) 2013 PEOPLEFORBIKES COALITION, LTD

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ge de		1		l	1
(k) rcenta nersh			:		
6 <u>6</u>					
(i) General or managing partner? Yes NO		-			
Code V-UBI General or Percentage amount in box 20 partner? Ownership (Form 1065) yes No			<u> </u>		
amoui of Sc (Fo					
Disproportionate allocations?				:	
<u> </u>			 		
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all Are all 501(c)(3) 0195? 4) Yes No					
(d) Predominant income predated, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Pnmary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2013

Schedule H'(F	orm 990) 2013	PEOPLI	ST OKD I VES	COA	LITTON,	LTD		39-19466	9/ Page
	om 990) 2013 Supplemental In Provide additional info		onses to questio	ns on Sc	hedule R (see	instructions)			
	, IDENTIFI						PTONG		<del>.</del>
raki ii	, IDENTIFIC	CATION OF	RELATED	IAA	- EABMF I	ORGANIZA.	TONS		
NAME OF	DELAMED O	DCXNT7XM	· · · · · · · · · · · · · · · · · · ·	<del></del> :				<del> </del>	
	RELATED O		LON:					<del> </del>	
PEOPLEF	ORBIKES FO	UNDATION							
PRIMARY	ACTIVITY:	PROMOTIC	ON OF BIC	YCLE	SAFETY	PROJECTS	AND	CHILDREN'	S
BICYCLE	PROGRAMS.								
			<del>-</del>						
				•	<del></del>				
		<u>.</u>							
	=1								
<del></del> .						, , , , , , , , , , , , , , , , , , ,			
<del>-</del>	<del></del>				<del></del>			_	
	<del>.</del>								
				•	-	-			
								,	
	<del>.</del> .			<del></del> -	_				
					·				
							<u>.</u>		
				-					