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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Del Norte MtB Alliance

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 785

City or town, state or province, country, and ZIP or foreign postal code
El Prado, NM 87529

D Employer identification number
46-2689009

E Telephone number
575.770.5060

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	2000.00
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less· direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	1460.00	
	b	Less: cost of goods sold	7b	1108.00	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	352.00
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	2352 00
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	535 00
	14	Occupancy, rent, utilities, and maintenance		14	350 00
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses.** Add lines 10 through 16 ▶		17	885 00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	1636 00
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	1467.00

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95 24

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	0	22	1467.00
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	0	25	1467.00
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	1467 00

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **Education**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	**Raise awareness about local mountain bike issues by participating in land management issues conversations -Membership dues to International Mountain Bicycling Association and bank start up fees -D/O Insurance** (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	885 00
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ben Thomas Chair				
Randolph Pierce Co-Chair	1	0	0	0
Sean Cassily Secretary	1	0	0	0
Craig Suam Treasurer	1	0	0	0
Jeff Mugleston Member	1	0	0	0
Kerrie Pattison Member	1	0	0	0
Michael Martinez Member	1	0	0	0
Asia Golden Member	1	0	0	0
Susie Fiore Member	1	0	0	0
Doug Pickett Member	1	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✔
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		✔
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✔
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✔
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✔
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✔
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
b	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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country: ▶	42c		✔
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✔
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✔

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✔

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		✔
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✔
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✔
b	If "Yes," was the related organization a section 527 organization?	49b		✔

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 . . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 . . ▶ _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ _____ Signature of officer — Date: 4.14.14

▶ Benjamin C Thomas / Board Chair
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

INTERNATIONAL MOUNTAIN BICYCLING ASSOCIATION

1. During the period since our last filing there have been no changes in the purposes, character, or method of operations of our subordinates;
2.a. Non of our subordinates have changed their legal names;
2 b Two subordinates have been **DELETED** from our roster (as shown below);

Name	Superior Cycling Association
Address	147 Bloomquist Mtn Rd Grand Marais, MN 55604
EIN	27-0852703
Removal Date	May 15, 2013
Contact	Mark Spinler

Name	Sedona Mountain Bike Club
Address	606 Desert Sage Ln Sedona, AZ 86336
EIN	45-4316559
Removal Date	July 9, 2013
Contact	Don Buffoni

2.c. Thirty-five (35) new subordinates have been **ADDED** to our roster per the attached list on the next page,
3.a. The information on which our present group exemption letter is based applies to the new subordinates;
3.b. Each subordinate had given us written authorization to add its name to the roster;
3.c Any previous exemption rulings are noted on the next page;
3.d. None of the subordinates is a private foundation as defined in section 509(a) of the Code;
3.e. Street addresses for each subordinate whose mailing address is a PO Box is provided in the next page, if applicable;
3.f None of the new subordinates is a school claiming exemption under section 501(c)(3).

As we continue to add, or remove, chapters throughout the year we will send notifications of their inclusion, or removal.

Sincerely,

Tim Peck
Controller

Mike Van Abel
President

SPEAK BUILD RESPECT RIDE

INTERNATIONAL MOUNTAIN BICYCLING ASSOCIATION

Name	Mailing Address	Physical Address	EIN	Inclusion Date	Previous Exemption Rulings/Determination Letter
Appalachia Outdoor Adventurers	2615 E Newman St Zanesville, OH 43701		35-2455933	10/30/12	501c3
Berks Area Mountain Biking Association	4324 Glenside Drive Reading, PA 19605		46-1144507	7/31/12	
Blue Mountain Singletrack Trails Club	64302 Mt Glen Rd La Grande, OR 97850		35-2252118	8/8/13	
Central Coast Concerned Mountain Bikers	440 D St Cayucos, CA 93430		46-0813300	10/25/12	
Central Illinois Trails Association	137 Parkway Dr Chatham, IL 62629		46-2120999	5/2/13	
Chippewa Off Road Bike Association	403 Water St Eau Claire, WI 54703		76-0820586	5/15/13	
Cleveland Area Mountain Bike Association	PO Box 771471 Cleveland, OH 44107	734 Marbury Circle NW Hartville, OH 44632	46-1287249	11/15/12	501c3
Cloud City Wheelers	613 E 7th St Leadville, CO 80461		45-4248458	8/27/13	
Cuyuna Lakes Mountain Bike Crew	PO Box 162 Deerwood, MN 56444	22377 Linden St Deerwood, MN 56444	37-1706581	3/13/13	
Del Norte MtB Alliance	PO Box 783 El Prado, NM 87527	12 Tres Lomas Arroyo Hondo, NM 87513	45-5335776	8/28/13	
Fats in the Cats	PO Box 227 Lake Katrine, NY 12449	3 Valentine Ct Kingston, NY 12401	14-1793847	4/22/13	
Fidalgo Trail Riders	2219 28th St Anacortes, WA 98221		46-2214194	4/26/13	
FooMTB Trail Partners	4412 Glenwood Hills Dr NE Albuquerque, NM 87111		26-3150541	1/20/12	legally incorporated w/o federal non-profit status
Gallup Trails	PO Box 4095 Gallup, NM 87305	1705 Linda Dr Gallup, NM 87301	82-0572254	4/24/12	legally incorporated w/o federal non-profit status
Grand Rapids and Itasca Mountain Bicycling Association	PO Box 405 Grand Rapids, MN 55744	23735 Winckler Rd Grand Rapids, MN 55744	46-1464894	3/13/13	501c3
Groveland Trail Heads	13181 Wells Fargo Dr Groveland, CA 95321		46-1697267	7/23/13	
Idyllwild Cycling	PO Box 3054 Idyllwild, CA 92549	1619 Hayes Ct Placentia, CA 92870	20-2239304	11/14/12	
Kentucky Mountain Bike Association - Louisville	1845 Shady Lane Louisville, KY 40205		61-1259069	7/31/12	501c3
Linn Area Mountain Bike Association	PO Box 2768 Cedar Rapids, IA 52406	3234 Shast Ct NE Cedar Rapids, IA 52402	36-4598729	7/31/12	501c4
Michigan's Edge Mountain Biking Association	7958 Meade St Montague, MI 49437		46-1098779	11/15/12	
Mount Shasta Mountain Bike Association	701 South Mt. Shasta Blvd Mount Shasta, CA 96067		46-1055123	11/28/12	
Mountain Bike Teton Valley	PO Box 365 Driggs, ID 83422	60 E Ashley Driggs, ID 83422	46-2239060	8/22/13	
New River Bicycle Union	4340 Gatewood Rd Fayetteville, WV 25840		27-3078625	3/13/13	legally incorporated w/o federal non-profit status
New York City Mountain Bike Association	245 E 11th Street Apt 2G New York, NY 10003		46-1094603	1/20/12	legally incorporated w/o federal non-profit status
North East Wisconsin Trails	313 Main St Luxemburg, WI 54217		46-2158268	4/6/13	
Northeast Indiana Trail Riders Organization	PO Box 374 Auburn, IN 46706	1033 Anna Ave. Auburn, IN 46706	38-3875213	7/31/12	
Northern Indiana Mountain Bike Association	PO Box 6383 South Bend, In 46660	25554 Shorewood Dr S South Bend, IN 46619	80-0642305	10/30/12	legally incorporated w/o federal non-profit status
Pocahontas Trails	PO Box 101 Slatyfork, WV 26291	1 Hawthorne Ridge Rd Slatyfork, WV 26291	46-2579801	8/8/13	
Red Wing Area Mountain Bike Organization	2453 Langsdorf Ave Red Wing, MN 55066		46-1532639	5/22/13	
Richmond Mid-Atlantic Off Road Enthusiasts	PO Box 14535 Richmond, VA 23221	1895 Billingsgate Cir Ste 100 Richmond, VA 23238	46-2969272	9/3/13	
Rust Belt Revival Trail Coalition	PO Box 3644 Boardman, OH 44512	3799 Monaca Ave Youngstown, OH 44511	45-5447959	7/31/12	
Southwest Kentucky Mountain Bike Association	2702 Industrial Dr Apt 112 Bowling Green, KY 42101		46 0995951	11/15/12	
Susquehanna Area Mountain Bike Association	158 Tannenbaum Way Palmyra, PA 17078		30-0750988	11/15/12	
Team Dirt	922 NW Circle Blvd, Ste 160 Corvallis, OR 97330		45-5199840	7/31/12	
Top of Michigan Mountain Bike Association	410 Howard St Petoskey, MI 49770		45-5335776	7/31/12	

SPEAK BUILD RESPECT RIDE