

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



Form **990-EZ**

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)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Ā F	or the	2013 calenda	ar year, or tax year beginning 01 January , 2013, and	endina 1	31 Decen	nber ,20 13
_						dentification number
	Address o		74-2860831			
$\overline{}$	Name cha	•	Yellow Bike Project Number and street (or P O box, if mail is not delivered to street address) Roo	m/suite E Ti	elephone r	
	Initial retu	ırn	1216 Webberville Road	na	•	12-524-5299
=	Terminate		City or town, state or province, country, and ZIP or foreign postal code			
\equiv	Amended		Austin, Texas 78721		Group Exe Number	<u>.</u> '
_		on pending ting Method	☐ Cash ✓ Accrual Other (specify) ►			
	Vebsite	•	Oddin (Specify)			if the organization is not tach Schedule B
			ck only one) — ✓ 501(c)(3)	'		10-EZ, or 990-PF)
		forganization	✓ Corporation ☐ Trust ☐ Association ☐ Other	1327] (1011		
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	or if total ass	ets .	
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, 0, 11 (0(4) 400	• •	67,600
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ruction	
			the organization used Schedule O to respond to any question in th			
	1		ns, gifts, grants, and similar amounts received	is i air i	1	17,590
	2		ervice revenue including government fees and contracts		2	0
	3		p dues and assessments		3	0
	4	Investment			4	89
	5a		unt from sale of assets other than inventory		\ \ -	
	Ь		or other basis and sales expenses		ð	
	C		s) from sale of assets other than inventory (Subtract line 5b from line 5	ia)		0
	6	Gaming an	, 3			
	a	Gross inco				
e		\$15,000)			o	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of con	ntributions		
Re			aising events reported on line 1) (attach Schedule G if the			
		sum of suc	h gross income and contributions exceeds \$15,000) 6b		0	
	С	Less direc	t expenses from gaming and fundraising events 6c	1	10	
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b	and subtrac	t	
		line 6c)			- 6d	-110
	7a	Gross sales	s of inventory, less returns and allowances	49,9	21	·
	b	Less cost	of goods sold	4,3	84	
	С	Gross profi	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	/ED	7с	45,537
	8	Other rever	nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	63,106
	10		similar amounts paid (list in Schedule O) APR 1 6	2014 - [있	10	3,139
	11		id to or for members	<u>· · · ·] జ</u>	11	431
ses	12		her compensation, and employee benefits	1 UT -	12	0
Expenses	13		and division payments to independent contractors.	·, · · · · · · · · · · · · · · · · · ·	13	19,274
Ď	14		r, rent, utilities, and maintenance		14	5,106
ш	15		blications, postage, and shipping		15	278
	16		nses (describe in Schedule O)		16	18,915
	17		nses. Add lines 10 through 16		17	47,143
îţs	18		deficit) for the year (Subtract line 17 from line 9)		18	15,963
SSe	19		or fund balances at beginning of year (from line 27, column (A)) (mu			
Net Assets	000	-	r figure reported on prior year's return)		19	335,022
Š	20		ges in net assets or fund balances (explain in Schedule O)		20	0
	21		or fund balances at end of year Combine lines 18 through 20	<u> </u>	21	350,985
ror	rapen	work Keaucti	on Act Notice, see the separate instructions. Cat No. 1	06421		Form 990-EZ (2013)



Pa	t II Balance Sheets (see the instructions	for Part II)				87
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		🗹
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[27,783	22	51,689
23	Land and buildings	<u> </u>		279,602	-	273,260
-24-	Other assets (describe in Schedule 0)			28,565		<u> </u>
-25	Total assets	· · · · · · · · · · · · · · · · · · ·	 <u>-</u> -	<u> </u>		-352,629
26	Total liabilities (describe in Schedule O)			928	-	1,645
27	Net assets or fund balances (line 27 of column			335,022	27	350,985
Par		•		•		Expenses
\A/la a	Check if the organization used Schedule			Part III 🔽		quired for section (c)(3) and 501(c)(4)
	t is the organization's primary exempt purpose?					anizations and section
	ribe the organization's program service accomplineasured by expenses. In a clear and concise r				494	7(a)(1) trusts, optional
	ons benefited, and other relevant information for e		e services provided	a, the number of	for c	others)
28		arri program mor				T
						Ì
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	28a	38,271
29						
					1]
	(Grants \$) If this amoun	t includes foreign gra	ants, check here .	<u> </u> ▶ 🗆	2 9a	1
30					l	
					ļ	
		t includes foreign gra	ants, check here	▶□_	30a	1
31	Other program services (describe in Schedule O)					
		t includes foreign gra			31a	
	Total program service expenses (add lines 28a		· · · · · ·		32	
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule			•	nstru	ctions for Part IV)
	Check if the organization used Scheduli	·	(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) hame and and	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
Jenn	ıfer Schaffer	0 25			\dashv	
presi		-10 25		,	0	0
<u> </u>	Fackler	10			` -	
secre		- ' ')	ol	0
Les		7 75			Ť	
treas	urer	-1, , ,	(0	0
		-				
				<u> </u>		
					1	
					\perp	
		.]				
			<u> </u>		\perp	
		.]				
		-	{			
			<u> </u>			
		i	i .	1		

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	ne	-3-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			✓
			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		1
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			
0 5 -	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		√
	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		✓
С	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	05-		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c	-	✓
	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		1
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			1
a	Initiation fees and capital contributions included on line 9	_		ĺ
	Gross receipts, included on line 9, for public use of club facilities	-		ĺ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0 : section 4955 ▶ 0			ĺ
L	section 4911 ▶			İ
b	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		./
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		_
	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			
е	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 42a	List the states with which a copy of this return is filed none			
428	Located at 1216 Webberulla Board Austra Toyan	512-61		
b	Located at ► 1216 Webberville Road, Austin, Texas ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	7872	-1442 Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	√
	If "Yes," enter the name of the foreign country: ▶ none	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts.	1		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ none			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ			1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	$\vdash \vdash \vdash$	✓
	completed instead of Form 990-EZ	44b		1
	Did the organization receive any payments for indoor tanning services during the year?	44c	 	y
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	170		
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
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)	45h	1	

Page	4

							es No
	d the organization engage, directly or in				in opposit	1 * 1	ا ا
Part VI	candidates for public office? If "Yes," of Section 501(c)(3) organizations		, Pant	· · · ·		46	√ ^C
rait vi	All section 501(c)(3) organization 50-and-51.		stions 47-49b and	52, and co	mplete th	e tables for	lines
	Check if the organization used Sc	hedule O to respond	I to any guestion in t	hıs Part VI			
	Ondok ir the organization dood.	<u>noddio o to rooponio</u>	<u> </u>			١	es No
yea	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par	tll			during the	. 47	1
	the organization a school as described i					. 48	
	d the organization make any transfers t Yes," was the related organization a se					49a 49b	
	mes, was the related organization a significant to the significant of the organization						and kev
	pployees) who each received more than						
	(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 contributions benefit plans, comper	to employee and deferred	(e) Estimated other compo	
	······································						
51 Co	tal number of other employees paid over complete this table for the organization 00,000 of compensation from the orga	's five highest comp		 contractors	who eacl	n received n	nore than
	(a) Name and business address of each indepen	dent contractor	(b) Type of ser	vice	(c) Compensation	i
			-				
			-				
				·			
d To	tal number of other independent contr	actors each receiving	over \$100.000	>	···	0	
	d the organization complete Schedule	•	•	s and 4947(a	1)(1)		
no	nexempt charitable trusts must attach	a completed Schedu	le A	<u> </u>		► ✓ Yes	☐ No
Under penal true, correct	ties of perjury/I declare that have examined this, and complete Declaration of preparer (other tha	return, including accompar n officer) is based on all info	nying schedules and statem formation of which preparer	ents, and to the has any knowle	best of my k	nowledge and b	elief, it is
	M. Class						
Sign Here	Signature of officer Les Case, treasurer			Dat	09 A	mi 20	14
	Type or print name and title						
Paid Prepare	Print/Type preparer's name	Preparer's signature	D	ate	Check self-emplo		
Use On					n's EIN ▶		
	Firm's address ▶	w shows shows 0 C	inatruations	Pho	one no		
iviay the I	RS discuss this return with the prepare	er shown above? See	motructions , , .			► Yes	∐ No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	lentification	n number
Yellov	Yellow Bike Project									60831
Par			rity Status (All orga						nstructio	ons.
	organization is not A church, con A school desc A hospital or a A medical rese hospital's nam An organizatio section 170(b A federal, state An organizatio	a private foundar vention of church in section a cooperative hosearch organization, city, and state on operated for a)(1)(A)(iv). (Compose, or local governon that normally	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc e: the benefit of a colle	or lines 1 to churches the Schediation descrition with the second at unit deal part of	through 1 s describe ule E.) cribed in a n a hospit versity or	1, checked in section aldescrib	only one tion 170(b)(1)(ped in se operated	box) (b)(1)(A)(i (A)(iii). ction 17(by a go). O(b)(1)(A) vernment	(iii). Enter the tal unit described in
8	_		n section 170(b)(1)(A)	•	nolete Pa	rt II \				
9	An organization receipts from support from	on that normally activities related gross investme	receives. (1) more that to its exempt functint income and unrelater June 30, 1975. See	an 331/3% ions—sul lated bus	of its subject to disiness ta	upport fro certain ex xable inc	ceptions	s, and (2) ss sectio	no more	e than 331/3% of its
10 11 e	☐ An organization purposes of constant purposes of	on organized an one or more publick the box that one box that one box, I certify	operated exclusively of operated exclusive of operated exclusive of operated organ describes the type of the control of the control operation on the control operation of the control operation on the control operation on the control operation of the control operation oper	ely for th nizations supportin I-Functio is not col	ne benefi described ng organia nally inte ntrolled o	t of, to permit of the control of th	perform from 509(at completed at the com	the funct a)(1) or set ete lines 1 Type III–N y by one	ions of, ection 50 1e throug lon-funct or more	9(a)(2) See section gh 11h. tionally integrated disqualified persons
f g	or section 509 If the organization, or	(a)(2) ation received a check this box 17, 2006, has the	a written determination	on from t	the IRS 1	that it is	a Type	I, Type	l, or Typ	
h	(i) A person v (iii) below, (ii) A family m (iii) A 35% cor	who directly or in the governing bo ember of a perso atrolled entity of	ndirectly controls, eithody of the supported on described in (i) about a person described in on about the supporte	organizat ove? ı (ı) or (iı) a	ion? above? .		persons · · · · · · ·	describe	d in (ii) ar	11g(i) 11g(ii) 11g(iii)
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization organization (described on lines 1–9 in col (i) listed in your the organization		nization in of your port?	organizat (i) organi U	s the non in col zed in the S?	(vii) Amount of monetary support					
/A)				Yes	No	Yes	No	Yes	No	
(A) ——										
(B)										
(C)	_				_					
(D)										
(E)										
T-4-1	1									

Part	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)						
	(Complete only if you checked the						alify under 🗀
	Part III. If the organization fails to	qualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	4-3-0000	/I- \ 0040	(-) 0011	(4) 0010	(a) 2012	(6) Total
Jaien Jaien	dar_year_(or_fiscal_year_beginning in) ► Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Gifts, grants, contributions, and membership fees received. (Do not	- 					
	include any "unusual grants.")	72,265	30,881	49,172	22,425	13,321	188,064
2	Tax revenues levied for the	72,203	30,001	40/172		10,021	100,001
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	_					
	furnished by a governmental unit to the				i		
	organization without charge						
4	Total. Add lines 1 through 3	72,265	30,881	49,172	22,425	13,321	188,064
5	The portion of total contributions by	* *	* K	*	4.	٠	
	each person (other than a	*					
	governmental unit or publicly	4	t - naka ketu ayan	. .			
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	⋄ ∦ ;	* 🖠	3 4	*		0
6	Public support. Subtract line 5 from line 4		······································				188,064
	on B. Total Support	I				<u></u>	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	72,265	30,881	49,172	22,425	17,590	188,064
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar			_			
	sources	2,789	347	111	62	89	3,398
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on	ا	•			o	•
10	Other income Do not include gain or	0	0	0	0	0	0
	loss from the sale of capital assets						
	(Explain in Part IV.)	11,548	26,484	44,796	. 44,416	54,190	181,434
11	Total support. Add lines 7 through 10		,				372,896
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he				<u> </u>	• •	<u> ▶ □</u>
	on C. Computation of Public Suppor			4 1 (0)	****		
14 15	Public support percentage for 2013 (line 6) Public support percentage from 2012 Sci		•			14	50 % 65 %
16a	331/3% support test—2013. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2012. If the organ			_		15 is 33 ¹ /3%	
	check this box and stop here. The organ	ızatıon qualifies	s as a publicly	supported org	anızatıon .		. ▶ 🗀
17a	10%-facts-and-circumstances test — 26	013. If the orga	nization did ni	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						upported
	organization						. ▶ □
b	10%-facts-and-circumstances test—26						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m supported organization						
18	Private foundation. If the organization di						▶ ∐ see
	instructions	- not onoun a		, 10a, 100, 17c	., 5 / 5, 61166	ino box and	▶ □

chedul	e A (Form 990 or 990-EZ) 2013						Page 3
art	III. Support Schedule for Organiza	tions Descr	ibed in Secti	on 509(a)(2)			
•/	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi	ization failed	to qualify ur	ider Part II.
• '	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	H.)	
	on A. Public Support				,	<u> </u>	
alen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ		
_	received (Do not include any "unusual grants")						<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		'				
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Secti	on B. Total Support					<u>. </u>	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_		d, third, fourth		ear as a sect	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8	, ,	-	13, column (f))		15	%
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2013 (•	mn (t)) .	17	. %
18 19a	Investment income percentage from 2012				 and line 15 ic n	18	% and line

17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . 🌔 🔲 b 331/2% support tests -2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part III, line 12. Also complete this part for any additional information. (See instructions).	7b; and
Part II, Line	10: sale of bicycles, and bicycle parts and components	
		·
`		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

Yellow Bike Project	74-2860831
Part I, Line 16: Other Expenses:	
Bank Charges: \$71	
Building & Grounds Improvements: \$364	
Dues & Subscriptions: \$387	
Insurance: \$1,787	
Office & Shop Supplies: \$8,638	
Taxes & Licenses: \$35	
Theft Loss: \$75	
Depreciation: \$7,557	
Total: \$18,914	
Other Assets	
Inventory: \$27,683	
	······································
Total Liabilities	
Sales Tax Payable: \$1,645	
Grants Paid	
BikeAustin: \$2,500	
Widen Elementary Tool Kit: \$639	
Total: \$3,139	