

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



Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> I	For th∈	2016 calendar year, or tax year beginning and ending						
В	Check if	C Name of organization	D Em	ployer id	lentifica	tion number		
	Addres	BIKE TO THE BEACH INC	_					
<u>L</u>	Name change	Doing business as		26-1809507				
Ļ	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Tele	ephone n				
L	Final return/	1990 K ST NW 2ND FL C/O AUTISM SPEAKS		202-642-2209				
	termin- ated	. 1	G Gros	G Gross receipts \$ 809,451.				
<u>_</u>	Ameno	WASHINGTON, DC 20008	H(a) Is	H(a) Is this a group return				
L	Application pendin	F Name and address of principal officer ARTHUR ROBERT WALSH	fc	or subord	ınates?	. Yes X No		
		5126 SCARSDALE RD, BETHESDA, MD 20816	H(b) Ar	re all subord	inates inclu	uded? Yes No		
1	Tax-exe	empt status X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527 If	"No," att	ach a lis	st (see instructions)		
		e: > BIKETOTHEBEACH.ORG	H(c) G	iroup exe	mption i	number 🕨		
		organization: X Corporation Trust Association Other Ly	ear of format	t <u>ion: 20</u>	<u>08 м s</u>	State of legal domicile: DC		
Pa	art I	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: PROMOTE	CHARIT	ABLE	, so	CIAL AND		
Activities & Governance	l .	EDUCATIONAL EVENTS						
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25	5% of its	net asse	ets		
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)			3	3		
ري مح	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	3		
S	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	2		
ξį	6	Total number of volunteers (estimate if necessary)			6	0		
ફ	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
•	i	Net unrelated business taxable income from Form 990 T, line 34			7b	0.		
		RECEIVED	Pric	or Year		Current Year		
6)	8	Contributions and grants (Part VIII, line 1h)	7	45,6	33.	751,885.		
Š		Program service revenue (Part VIII, line 2g)		85,2	90.	56,737.		
Revenue		investment income (Part VIII, column (A), lines 3,44, and 7d)			72.	829.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.		
		Total revenue - add lines 8 through 11 (must equal-Part VIII, column (A); line 12)	8	331,7	95.	809,451.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		154,0		360,454.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
ģ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	12,4	02.	181,588.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
<u>.</u> ã.	b	Total fundraising expenses (Part IX, column (D), line 25) 44,720.						
ۺٙ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2	236,2	44.	238,511.		
~		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		302,6		780,553.		
<i>\$</i> 0	l l	Revenue less expenses Subtract line 18 from line 12		29,1		28,898.		
200	-	Totalia isa isa isa isa isa isa isa isa isa i	Beginning			End of Year		
20.0	20	Total assets (Part X, line 16)		05,5		141,367.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		<u> </u>	0.	6,890.		
₽Ĕ	22	Net assets or fund balances Subtract line 21 from line 20	1	.05,5		134,477.		
P	art II	Signature Block			<u> </u>			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and	to the be	st of my l	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep						
	.,	MATERIA		1/	28/	17		
Sig	ın	Signature of officer		Date				
He		ARTHUR ROBERT WALSH, EXECUTIVE DIRECTOR			-			
		Type cr print name and title						
		Print/Type preparer's name Preparer's signature,	Date ,		heck	PTIN		
Pai	d	MICHELLE M. BIESS Luclelle L Bress	6/16	//7 1	if-employed	P00048273		
	parer	Firm's name MICHELLE M. BIESS, CPA, P.C.		Firm's E		52-1779517		
	Only	Firm's address 1705 DESALES ST., N.W. #302	1 3 L		111111			
	· •,	WASHINGTON, DC 20036		Phone	n 202	-293-9040		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1.1.01101	···	X Yes No		
	001 11-1				<u></u>	Form 990 (2016)		
JJ21	11-1	rorraportion resolution not itolico, acc tile acpaiate mandulluna.				, 5,,,, = = = (= 0) 0)		

			Form 990 (2016)
4e	Total program service expenses	717,675.	
4d	Other program services (Describe in Schedule O) (Expenses \$	nts of \$) (Revenue \$)
	0		
		_	
	-		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4-	(a		
			
			
	11.00		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·	
	PROMOTE CYCLING, FITNESS		
	ORGANIZE VARIOUS CYCLING		
-	revenue, if any, for each program service reported (Code) (Expenses \$ 717,6"	75. including grants of \$ 360, 454	4.) (Revenue \$ 56,737.)
	Section 501(c)(3) and 501(c)(4) organizations are re	quired to report the amount of grants and allocat	tions to others, the total expenses, and
	Describe the organization's program service accom		-
	If "Yes," describe these changes on Schedule O	J	.,
	Did the organization cease conducting, or make sig		m services? Yes X No
	prior Form 990 or 990·EZ? If "Yes," describe these new services on Schedule	n	LYes 🔼 No
	Did the organization undertake any significant prog	ram services during the year which were not liste	ed on the Yes X No
	AREAS TO NEARBY BEACHES.		
	AND AWARENESS FOR AUTISM	THROUGH CHARITY BIKE RII	DES FROM URBAN
	PROMOTES CYCLING FOR FUN A		
	Briefly describe the organization's mission BIKE TO THE BEACH IS A 50.	(C)3 NON-PROFIT CYCLING	ORGANIZATION THAT
_	Check if Schedule O contains a response or i	note to any line in this Part III	. X
Par	t III Statement of Program Service Ac	•	F==
	990 (2016) BIKE TO THE I	BEACH INC	26-1809507 Page 2

Form 990 (2016)

BIKE TO THE BEACH INC

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	<u> X</u>	
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_		X
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		X
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		X
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_		X
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	j		j
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	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	<u> </u>
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	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total]
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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			٠,,
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a		14a	 	X
þ				1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$1 00,000			v
	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u> 	_ X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	1	v
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		v
40	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	40		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
—	complete Schedule G, Part III	19 Form	gan	(2016)
		1 0111		(ZU 10)

Form 990 (2016)

BIKE TO THE BEACH INC

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	·		-	
	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
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 "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,
	If "Yes," complete Schedule N, 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		İ	v
	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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		ĺ
26	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?	20		х
27	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		
30	Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}_{-}	
	11043.7 Mil 1 Olif 1000 mora and registrate to complete Companie C			(2016)
				/

	Check if Schedule O contains a response or note to any line in this Part V			
	Chicaria Cariodado O contanto a recepción de meta de Englista antida activa		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
С	(gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
20	filed for the calendar year ending with or within the year covered by this return 2a 2			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	604.000	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
10	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	And the second s	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _ '		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	
h		7h		\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
^	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	}
a b	Date to the transfer of the second control o	9b		\vdash
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter			1
a	146			
b	Company of the state of the sta			
	amounts due or received from them) 115]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u></u>
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.	<u> </u>		↓
а	is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	↓
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
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	-	[
С		 	-	+
14a		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	000	(2016)
		COLU	ロックひし	(ZU10)

Form 990 (2016) BIKE TO THE BEACH INC 26-1809507 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \square Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? Яa X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," aescribe Х in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Another's website W Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► REN_DATIEV = 202-341-3552

TUTIA	יעעע	<u>. בוענו</u>	<u> </u>		<u> 7 = 1</u>	<u> </u>	. —	
1990) K	ST	NW	2ND	FL.	WASHINGTON,	DC	20006

Form 990 (2016)

632006 11-11-16

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

Cneck 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.

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

(A) Name and Title	(B) Average hours per week	offi	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Б огтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARTHUR ROBERT WALSH	12.00								·	
EXECUTIVE DIRECTOR		X		<u></u>				32,799.	0.	0
(2) KEVIN RAPP	1.00			ļ						
DIRECTOR		X			L	ļ		0.	0.	0
(3) BENJAMIN DALLEY	55.00									
CO PRESIDENT				Х	ļ	L.		83,366.	0.	0
(4) TOMMY SCHMITZ	1.00							_		•
CO PRESIDENT				X	<u> </u>	ļ		0.	0.	0
(5) JOSEPH SCHMITZ	1.00	1						0.	0.	0
VICE PRESIDENT				X						~
										_
					_					
					<u>.</u>					
		_								
		<u> </u>								
		-								

Form 990 (2016)

rait Vi	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees			ghe	st C			$\overline{}$		
	(A) Name and title	Average Position							(D) Reportable	(E) Reportable		(F Estim	
	Name and title	hours per		not c	heck	more	than		compensation	compensation		amou	
		week	offic	ox, unless person is fficer and a director					from	from related		oth	er
		(list any	rector						the	organizations		comper	
		hours for related	e or di	<u>.</u>			sated		organization (W-2/1099-MISC)	(W-2/1099 MISC	7)	from organi	
		organizations	truste	altrus		, e	mpen		(***27 1033 141100)			and re	
		below	Individual trustee or director	Institutional trustee	5	읦	Highest compensated employee	ner				organiz	ations
		line)	亨	T <u>s</u>	Officer	Š	물통	Former					
			l				1						
		1	├	-			-			 	 -	-	
			{										
		 					<u> </u>				\dashv		
			1										
											1		
							<u> </u>				\dashv		
			-										
		 		-	-		-				\dashv		
			-			l							
			 	 							\dashv		
			1										
	=1-0]	<u> </u>				_	<u></u>				
1b Sub	o-total								116,165.		0.		0
	al from continuation sheets to Part V	II, Section A							0.		0.		0
	al (add lines 1b and 1c)					h	ا ام	<u> </u>	116,165.	L	0.		0
	al number of individuals (including but inpensation from the organization	not limited to tr	nose	IIST	ed a	DOV	e) wi	no r	eceived more than \$100	,000 or reportable			(
COI	pensation from the organization					-						Y	
3 Did	the organization list any former officer	, director, or tri	uste	e, ke	9y 0 1	mplo	oyee	or	highest componsated e	mployee on			
	1a? If "Yes," complete Schedule J for					•	•			•••	L	3	X
4 For	any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atior	n and	d ot	her compensation from	the organization			
	I related organizations greater than \$15										L	4	X
	any person listed on line 1a receive or							elat	ted organization or indiv	idual for services		_	1,7
	dered to the organization? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son			· · · · · · · · · · · · · · · · · · ·		5	X
	B. Independent Contractors mplete this †able for your five highest contractors.	omnosostad :-	don	ond.	ant d	ont	rant	ore 4	that received more than	\$100,000 of com)enea	tion from	n
	organization Report compensation for										,0110a		
	(A)	ino odionodi j	, , , , ,	00	9		<u> </u>		(B)	, <u>, , , , , , , , , , , , , , , , , , </u>		(C)	
	Name and busines	s address	N	ON	E				Description of s	ervices	Cc	mpens	ation
<u>.</u>													
									-				
								_	-				
										1			
	al number of independent contractors		not l	ımıte	ed to		_	stec	d above) who received r	nore than			
\$10	00,000 of compensation from the organ	nization					0						0 (====
											F	orm 99	IU (2016

		Check if Schedule O cont		or note to any lin	e in this Part VIII			
	<u>.</u>	Oneck ii gareadie o com	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats st	1 a	Federated campaigns	1a					
ig ä	b		1b					
S, C	С	Fundraising events	1c]		1
ar la	d	Related organizations	1d			[
E,S	е	Government grants (contribut	tions) 1e			1		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	its, and			}		1
章		sımılar amounts not ıncluded abo	ve 1f	751,885.				
da	g	Noncash contributions included in lines	1a-1f \$					}
<u>3 E</u>	h	Total, Add lines 1a-1f		•	751,885.			!
				Business Code				
8	2 a	REGISTRATION FE	EES	900099	<u>56,737.</u>	56,737.		
او چ	b							
Program Service Revenue	С							
	d							
ē.	е							
۱ ۵		All other program service reve	enue		56 505			
-		Total. Add lines 2a-2f			56,737.			
1	3	Investment income (including	dividends, inter		0.00			000
ł		other similar amounts)			829.	ļ		829.
	4	Income from investment of ta	x-exempt bond	proceeds		 		
	5	Royalties	0.5	_				
	•	Orașa santa	(i) Real	(ii) Personal				
1	6 a					[[ĺ
İ		Less rental expenses						
1		Rental income or (loss)	L			1		
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other				
-	1 a	assets other than inventory	(l) Securities	(ii) Other				
	h	Less: cost or other basis		+		}		
ļ	U	and sales expenses						
	_	Gain or (loss)		+				ł
		Net gain or (loss)						
		Gross income from fundraisin	a events (not					
age	0	including \$	of					
eve		contributions reported on line		ļ				
Other Revenu		Part IV, line 18	,	,				
the	b	Less direct expenses						
0		Net income or (loss) from fund	draising events	P				
		Gross income from gaming ad						
-		Part IV, line 19	á	·]		
	b	Less, direct expenses	t	·				
	С	Net :ncome or (loss) from gan	ning activities				·	
Ì	10 a	Gross sales of inventory, less	returns					
		and allowances	ā	3				
	b	Less: cost of goods sold	ı					
ļ	c	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	1 6	Business Code				
	11 a							
	b							
l	C					<u> </u>	··	
	d					ļ		-
		Total. Add lines 11a-11d		. •	000 175	 		
\perp	12	Total revenue. See instructions.		<u> </u>	<u>809,451.</u>	56,737.	0	829.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 360,454. 360,454 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 11,616. 116,165. 104,549. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,568 55,677. 50,109. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) <u>5,924</u>. 592. Other employee benefits 5,332. 9 3,822 3,440. 382. Payroll taxes Fees for services (non-employees) Management b Legal 6,649. 6,649. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 69,207. 24,487. 44,720. Advertising and promotion 12 12,329 12,329. Office expenses 13 13,567 13,567 Information technology 14 Royalties 15 16 Occupancy 11,549 11,549 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 958 958 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 4,251 4,251 23 Other expenses Itemize expenses not covered 24 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') 101,543. 101,543. RIDE EXPENSES 16,187. MERCHANT DISCOUNT 16,187. MERCHANDISE EXPENSE 2,269. 2,269. С e All other expenses 717,675. 780,553. 18,158. 44,720. Total functional expenses. Add lines 1 through 24e 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 tollowing SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet				
	_	Check if Schedule O contains a response or not	e to any line in this Part X			
	-			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		55,427.	1	136,306.
	2	Savings and temporary cash investments		50,152.	2	5,061.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under		1	
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section				
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other			ļ	
		basis. Complete Part VI of Schedule D	10a 13,220.	_		
	b	Less accumulated depreciation	10b 13,220.	0.	10c	0.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		105 570	15	141 267
	16	Total assets. Add lines 1 through 15 (must equ	105,579.	16	141,367.	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		20		
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete	Dort IV of Sahadula D	· · · · · · · · · · · · · · · · · · ·	21	
	21 22	Loans and other payables to current and former			21	
Liabilities	22	key employees, highest compensated employee			li	
ΞĒ		Complete Part !! of Schedule L	od, and dioqualities persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines				
		Schedule D	·	0.	25	6,890.
	26	Total liabilities. Add lines 17 through 25		0.	26	6,890.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ and			
S		complete lines 27 through 29, and lines 33 ar			j	
ğ	27	Unrestricted net assets			27	
3ala	28	Temporarily restricted net assets			28	
Fund Balances	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗶]	
		and complete lines 30 through 34.				•
Net Assets or	30	Capital stock or trust principal, or current funds		0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or ea	• •	0.	31	0.
de t	32	Retained earnings, endowment, accumulated in	ncome, or other funds	105,579.		134,477.
_	33	Total net assets or fund balances	•	105,579.		134,477.
	34_	Total liabilities and net assets/fund balances		105,579.	34	141,367.

Form **990** (2016)

	1990 (2016) BIKE TO THE BEACH INC	<u> 26-180</u>	<u>9507 </u>	Page 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		,451.						
2	Total expenses (must equal Part IX, column (A), line 25)	2),553 <u>.</u>						
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,898.</u>						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105	<u>5,579.</u>						
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses 7									
8	Prior period 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	134	<u>,477.</u>						
Pa	rt XII Financial Statements and Reporting			_						
	Check if Schedule O contains a response or note to any line in this Part XII	<u>-</u>		<u></u>						
				Yes No_						
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		1 1							
	If the organization changed its method of accounting from a prior 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 reviewe	d 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	X						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,								
	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	ie audit,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c							
	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 Si	ngle A udıt								
	Act and OMB Circular A-133?		3a	X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							
			Form 9	990 (2016)						

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		BIKE	TO THE BE	ACH INC				2	<u>6-1809507</u>				
Pa	ırt I	Reason for Public (Charity Status (A	Il organizations must co	mplete th	s part) Se	e instructions			_			
he	organ	zation is not a private found											
1		A church, convention of chi)(A)(i).						
2		A school described in secti											
3		A hospital or a cooperative					n.						
4	$\overline{\Box}$	A medical research organiza					•	iii). Enter	the hospital's name.				
·		city, and state:		,				,.	,				
5		An organization operated for	r the benefit of a col	lege or university owner	or operat	ed by a go	overnmental un	ut describ	ed in				
Ū		section 170(b)(1)(A)(iv). (C		logo of anivolony owner	о орога	,		.,, 0000					
_				ontal unit decembed in		O(b)(4)(A)	6.0						
6 7	Ħ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
′	ш												
_		section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	금						and an electrical section of the		aallaaa				
9	ш	An agricultural research org											
		or university or a non-land-g	rant college of agrici	liture (see instructions)	Enter the	name, city	, and state of t	ne colleg	e or				
	TT.	university								_			
10	X	An organization that normal	•	•	•								
		activities related to its exem								π			
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the org	anization	after June 30, 1975				
		See section 509(a)(2). (Cor	•										
11	님	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
12	ш												
		more publicly supported org							neck the box in				
	Γ	lines 12a through 12d that o	•										
а	· L	☐ Type I. A supporting orga											
		the supported organization			ı majority d	of the direc	ctors or trustee	s of the s	suppoπing				
		organization You must c						/-> L. L.					
b)	☐ Type II. A supporting orga											
		control or management of			ame perso	ons that co	ontrol or manag	e the sup	pportea				
		organization(s) You mus							مانين الم				
C	: L	☐ Type III functionally inte	•					rintegrati	ea with,				
	. —	its supported organization		•					4:(a)				
C	'	☐ Type III non-functionally	=	=									
		that is not functionally int	= =					an attent	iveness				
_		requirement (see instructi						l Transilli					
e	•	Check this box if the orga					г турет, турет	i, i ype iii					
	Cot-	functionally integrated, or er the number of supported o		nally integrated support	ing organia	Zation				_			
1		er the number of supported to vide the following information	J	d organization(s)				•••					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of r	nonetary	(vi) Amount of other	_			
		organization		(described on lines 1-10	Yes	No	support (see ins	tructions)	support (see instructions	s)			
				above (see instructions))						_			
										_			
		i											
										_			
										_			
					}		}		}				
Tot	 al									_			

Schedule A (Form 990 or 990-EZ) 2016 BIKE TO THE BEACH INC 26-1809507 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total **(b)** 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014(d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

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

Schedule A (Form 990 or 990-EZ) 2016

17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	listed below, please comp	olete Part II)					
Section A. Public Support		T 1			4) 2010	(0.T.)	
Calendar year (or fiscal year beginning		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1 Gifts, grants, contributions, an	1						
membership fees received (De					554 005	2420065	
ınclude any "unusual grants.")	415,106.	556,418.	663,823.	745,633.	751,885.	3132865.	
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to the organization's tax-exempt puri	per- n ne	98,391.	95,800.	85,290.	56,737.	398,831.	
3 Gross receipts from activities are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organization's benefit and either paid or expended on its behalf	-						
5 The value of services or faciliti	es						
furnished by a governmental u the organization without charg							
6 Total. Add lines 1 through 5	477,719.	654,809.	759,623.	830,923.	808,622.	3531696 .	
7a Amounts included on lines 1,	2, and						
3 received from disqualified pe					-	0.	
b Amounts included on lines 2 and 3 receifrom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ived t					0.	
c Add lines 7a and 7b						0.	
8 Public support. (Subtract line 7c from	line 6)					<u>3531696.</u>	
Section B. Total Support							
Calendar year (or fiscal year beginnin	g in) (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9 Amounts from line 6	477,719.		759,623.	830,923.	808,622.	3531696.	
10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source	on es	65.	98.	872.	829.	2,084.	
b Unrelated business taxable incom			,,,,,				
(less section 511 taxes) from bus							
acquired after June 30, 1975	11163363						
•	220.	65.	98.	872.	829.	2,084.	
c Add lines 10a and 10b 11 Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on	isiness I 0b,	65.	30.	072.	623.	2,004.	
12 Other income Do not include or loss from the sale of capita assets (Expla:n in Part VI.)		. =					
13 Total support. (Add lines 9, 10c, 11,	and 12) 477,939.	654,874.	759,721.	831,795.	809,451.	3533780.	
14 First five years. If the Form 9						ation,	
check this box and stop here		•		-			
Section C. Computation o		ercentage					
15 Public support percentage for			column (fl)		15	99.94 %	
16 Public support percentage fro			(<i>n</i>		16	99.95 %	
Section D. Computation o							
				·	17	.06 %	
05 %							
	18 Investment income percentage from 2015 Schedule A, Part III, line 17						
more than 33 1/3%, check th						▶ X	
b 23 1/3% support tests - 201							
line 18 is not more than 33 1/							
20 Private foundation. If the org							
	ianization did not check a	100x 011 mile 14, 19	a, or 130, 6:1864 ti			0 or 990-EZ) 20 16	
632023 09-21-16				GUI	W 11 11 11 11 11 11 11 11 11 11 11 11 1		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			İ
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		l
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below.	3a		İ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	<u>'</u>	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	-==-		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
45	Was any supported organization not organized in the United States ("foreign supported organization")? If			
74	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	,-		
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
Ea	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
Эa	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
L		- Ja		
b	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	·			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			1
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			l
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6		
-	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		 	
,	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		İ
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	'	ļ	
8		8		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more	-		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	93		
		93_		1
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
_	man and the second seco		<u> </u>	\vdash
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
40-	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		\vdash
iua	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100		†
b	determine whether the organization had excess business holdings)	10b		
	determine interior the organization had excess business from they	,		

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

11130612 786271 BIKE2BEACH

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2016

and 4c

8

Breakdown of line 7

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

7 Excess distributions carryover to 2017. Add lines 3)

Scriedule A	(Form 990 or 990-EZ) 2016 BIKE	TO THE BEACH	LNC	<u> </u>
Part VI	Section D, lines 5, 6, and 8, and Pa	u 3, Part IV, Section E, lines 1	c, 2a, 2b, 3a, and 3b; Part V, III	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, le 1, Part V, Section B, line 1e; Part V, ny additional information
	(See instructions)			<u></u>
				
-	<u></u>			
_				
				· · · · · · · · · · · · · · · · · · ·
			<u></u>	
				
				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BIKE TO THE BEACH INC

Employer identification number

26-1809507 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Ves violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets heid for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990. Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2016

632051 08-29-16

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

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.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2016

Employer identification number Open to Public Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0047 2016

26-1809507 INC BIKE TO THE BEACH

Schedule I (Form 990) (2016) % × (h) Purpose of grant or assistance , ∀es Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö o. ö 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. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ,000 2,125, 19,126 10,000 15,851 310,852 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 27-5020830 20-2329938 45-4548790 26-3806780 56-2634247 27-1219231 General Information on Grants and Assistance (p) EIN cntena used to award the grants or assistance? PLYING POINT FOUNDATION FOR AUTISM 1 (a) Name and address of crganization 1 EAST 33RD STREET 4TH FLOOR SPECTRUM DESIGNS FOUNDATION NY 11050 or government SEVERNA PARK, MD 21146 ONE PRESERVE PARKWAY WATER MILL, NY 11976 ROCKVILLE ND 20852 NEW YORK NY 10016 25 FARMSTEAD LANE 550 M RITCHIE HWY AUTISM SPEAKS INC SO WHAT ELSE INC PORT WASHINGTON RISE FOR AUTISM PACLI, PA 19301 ICAN SHINE INC 382 MAIN ST PO BOX 541 Part II Part N

		•
(Ξ)
	٢	
(3	١
()
(X)
τ	-	1
	I	
ţ	٥	2
	Ĵ	

Page-1	,			,	•				(066 u
26-1809507 P		(h) Purpose of grant or assistance						-	Schedule I (Form 990)
	T	(g) Description of non-cash assistance							
	edule I (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)							
	nited States (Sche	(e) Amount of non-cash assistance	0						
all ode ai sacitori	nizations in the U	(d) Amount of cash grant	1,500.						
INC	vernments and Organ	(c) IRC section if applicable	501(C)(3)						
не веасн	Assistance to Go	(b) EIN	46-4224215						
Schedule I (Form 990) BIKE TO THE BEACH INC	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	YES SHE CAN INC 35 HUBBARD DRIVE WHITE PLAINS NY 10605						

26-1809507 Page 2	(f) Description of noncash assistance	•					Schedule I (Form 990) (2016)
90, Part IV, line 22.	(e) Method of valuation (book, FMV, appraisal, other)			Iditional information			
ered "Yes" on Form 9	(d) Amount of non- cash assistance			(b); and any other ad			
organization answe	(c) Amount of cash grant			e 2, Part III, column			31
BEACH INC iduals. Complete if the	(b) Number of recipients		1	equired in Part I, lin			
Schedule I (Form 990) (2016) BIKE TO THE BEACH INC Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Gran he duplicated if additional space is needed	(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information			632102 11-01-16

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization Employer identification number 26-1809507 BIKE TO THE BEACH INC

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND OUR PARTNERSHIPS WITH AUTISM SPEAKS AND LOCAL AUTISM CHARITIES,
WE CAN PROMOTE AN ACTIVE, SOCIALLY AND ENVIRONMENTALLY CONSCIOUS
COMMUNITY COMMITTED TO A HEALTHIER LIFE AND FINDING SOLUTIONS FOR
THE MILLIONS AFFECTED BY AUTISM.
FORM 990, PART VI, SECTION A, LINE 2:
TWO OFFICERS ARE RELATED
FORM 990, PART VI, SECTION B, LINE 11B:
RETURN REVIEWED BY OFFICERS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS SUBMIT WRITTEN DISCLOSURES ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15B:
COMPENSATION REVIEWED ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST