Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

u Do not enter social security numbers on this form as it may be made public.

2016
Open to Public

Inspection u Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change SAN DIEGO COUNTY BICYCLE COALITION Doing business as 33-0418006 Name change Number and street (or P.O. box if mail is not delivered to street address) 858-487-6063 Initial return 1111 6TH AVENUE STE 402 City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated SAN DIEGO CA 92101 411,664 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending KEVIN WOOD 3675 LOUISIANA STREET H(b) Are all subordinates included? SAN DIEGO 92104 If "No," attach a list. (see instructions) X 501(c)(3)) t (insert no.) 4947(a)(1) or 501(c) (WWW.SDBIKECOALITION.ORG Website: U H(c) Group exemption number ${f u}$ Year of formation: 1989 X Corporation Trust Association Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTION OF BICYCLING THROUGH EDUCATION Governance 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 74,545 8 Contributions and grants (Part VIII, line 1h) 169,319 Revenue 9 Program service revenue (Part VIII, line 2g) 275,601 242,159 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 186 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 350,268 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 143,226 160,860 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) \mathbf{u}_{\dots} 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,011 219,545 310,237 380,405 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 40,031 31,259 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year 200 165,819 212,322 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,274 16,518 22 Net assets or fund balances. Subtract line 21 from line 20 164,545 195,804 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here KEVIN WOOD TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check Paid JERE R. BATTEN, CPA 07/12/17 self-employed P00605586 Preparer BATTEN ACCOUNTANCY Firm's EIN } Firm's name **Use Only** 4696 GREENE ST 92107-1420 619-501-6359 SAN DIEGO, CA May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form	m 990 (2016) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
P	PROMOTION OF BICYCLING THROUGH EDUCATION	
	•	

2	Did the organization undertake any significant program services during the year which were not listed on the	
2	5 5 000 000 570	Yes X No
	prior Form 990 or 990-EZ?	res A No
	If "Yes," describe these new services on Schedule O.	
3	5 7 7 T S	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
12	a (Code:) (Expenses \$ 126,328 including grants of \$) (Revenue \$	123,945)
	BIKE FOR LIFE EDUCATION PROGRAMS. INSTRUCTING BICYCLISTS IN SAFE	
	- '	СТСПТИС
P	PRACTICES THROUGH EDUCATION AND CYCLING EVENTS.	
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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 (see instructions)?	2		_X_
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			v
_	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Ves." complete Schedule D. Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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
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		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		v
12	"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 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	the and thereing approximation of the Manual to Oak and a F. Darde Hand IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

_Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			37
	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	00		v
22	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			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	00		х
24-	employees? If "Yes," complete Schedule J	23		
24a				l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		v
L	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		l
	to defease any tax-exempt bonds?	24c		
d 250	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	25-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		х
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		х
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		х
•	Schedule L, Part IV An entity of which a gurrent or former officer, director, trustee, or key employee (or a family member thereof)	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		Y
20	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		х
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Double 1	24		х
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete School de N. Dort II	32		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	204 7704 0 and 204 7704 00 If 60/co. " complete Cabarlula D. Dart I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34		24		Y
250	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	0=		X
35a		35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		l
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	00		v
a-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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,			v
20	Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00	v	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

<u>Sec</u>	tion A. Governing Body and Management					
			2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30	-		
	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.		20			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		_ <u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5				5		X
6	Did the organization have members or stockholders?			6	_X_	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	rnal F	Revenue Co	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed u CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50)	01(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est poli	cy, and			
	financial 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 reco	rds: u				
	NDREA RAE 1111 6TH AVENUE, SUITE 402		_		_	
G.	NN DTECO	١٦	0 5 0	_49	7-6	n K 2

compensated employees; and former such persons.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

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

(A) Name and Title	(B)	10.1	atou		C)	ation of		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per			check	more	than one		compensation	compensation from	amount of
	week (list any					is both a or/trustee		from the	related organizations	other compensation
	hours for							organization	(W-2/1099-MISC)	from the
	related organizations	Individual or director	stituti	Officer	y en	ploye	Former	(W-2/1099-MISC)		organization and related
	below dotted line)	tor	Institutional trustee		Key employee	Highest compensated employee				organizations
	11110)	trustee	trust		8	pens				
			ee			ated				
(1) KEVIN WOOD						V				
	1.00									
TREASURER	0.00	X		X				0	0	0
(2) ROBERT LEONE										
	1.00									
DIRECTOR	0.00	X						0	0	0
(3) MYLES POMEROY	1 00									
DIDIGEOD	1.00	3,5						0	_	•
DIRECTOR TCCAROX	0.00	X					-	0	0	0
(4) SERGE ISSAKOV	1.00									
DIRECTOR	0.00	х						0	0	0
(5) CARL EBERT	0.00	^					-		<u> </u>	0
(3) CPICE EDERCE	1.00									
DIRECTOR	0.00	x						0	0	0
(6) JIM BAROSS										
(-)	1.00									
DIRECTOR	0.00	х						0	0	0
(7) RANDY VAN VLECK										
	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JENNIFER ERWIN										
	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KHALISA BOLLING										
·	2.00									•
CHAIR	0.00	X		X				0	0	0
(10) TONY MORRISON	1 00									
DIRECTOR	1.00	x						0	0	0
DIRECTOR (11) MARIA OLIVAS	0.00	^					\dashv	U	0	<u> </u>
(II) PARTA CHIVAS	1.00									
SECRETARY	0.00	x		x				0	0	0
		1	<u> </u>	1		<u> </u>			·	

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle icer a	Pos check ess pe nd a o	more rson i directo	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	((F) Estimate amount other compensa from the	of tion	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,		organizati and relat organizatio	ted	
(12) DAVE NICHOLS	1.00												
DIRECTOR	0.00	X						0	0				0
(13) BERNARD BOGAR	l												
DIRECTOR	1.00	x						0	0				0
(14) KATIE CRIST	0.00	22											
VICE CHAIR	1.00	x		x				0	0				0
(15) DAVE CAMPILAR													
	1.00												
DIRECTOR	0.00	X						0	0				0
(16) SUZY MURPHY	1.00							4					
DIRECTOR (17) DOUGLAS ALDEN	0.00	X						0	0				0
	1.00	·				(0
DIRECTOR (18) VI NGUYEN	0.00	Х						0	0				
	1.00												
DIRECTOR	0.00	X						0	0				0
(19) JIM BAROSS	1.00												•
DIRECTOR 1b Sub-total	0.00	X					<u> </u>	0	0				0
c Total from continuation shee		Secti	ion A	 4			u u						
d Total (add lines 1b and 1c)							u						
Total number of individuals (increportable compensation from				thos	e list	ed a	bove	e) who received more than	\$100,000 of			Vac	No
3 Did the organization list any fo	ermer officer, dire	ector	, or	trust	ee, l	кеу е	empl	oyee, or highest compensa	ated			Yes	No 37
employee on line 1a? <i>If</i> "Yes," 4 For any individual listed on line	e 1a, is the sum	of re	eport	able	com	pens	satio	n and other compensation	from the		3		X
organization and related organ											4		x
individual5 Did any person listed on line 1	a receive or acc	crue	com	 pens	atior	fror	n ar	ny unrelated organization or	r individual		7		
for services rendered to the or	U	'es,"	com	plete	Scl	nedu	le J	for such person			5		X
Section B. Independent Contracto 1 Complete this table for your five	e highest comp												
compensation from the organiz	zation. Report co (A) business address	ompe	ensat	ion f	or th	e ca	lend 		in the organization's tax years. (B) tion of services	ear.		(C) pensatio	
Name and	business address							Descript	tion of services		Com	peńsatio	n
													
2 Total number of independent or received more than \$100,000								se listed above) who	0				
received more than \$100,000	or compensation	11101	11 1116	- OIG	jai 112	auUil	<u>u</u>		U				

) (2016) SAN DIEGO		ry bi	CYCLE	COALITION	33-0418006		Page 9
Pa	rt V	Statement of Reversible Check if Schedule C		ains a re	esponse (or note to any line	in this Part VIII		
					·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
Gra		Membership dues	1b		14,343				
ts, An		Fundraising events	1c						
필를		Related organizations	1d						
Sim's		Government grants (contributions)	1e	1	32,103				
Service Revenue and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		22,873				
d i	g	Noncash contributions included in lines 1a	-1f: \$						
<u>ම ව</u>	h	Total. Add lines 1a-1f			u	169,319			
nue					Busn. Code				
evel	2a	PROGRAM SERVICE FEE	l			127,883	127,883		
e R	b					64,134	64,134		
rvic	С					37,622	37,622		
Se	d	OTHER EVENTS				12,520	12,520		
ram	е								
Program		All other program service reve		_		242.450			
-		Total. Add lines 2a–2f				242,159	1		T
	3	Investment income (including				186			186
		and other similar amounts)				100			100
	4	Income from investment of tax	•	•					
	5	Royalties(i) Real			ersonal				
	62	Gross rents		(11) F 6	risoriai				
		Less: rental exps.							
		Rental inc. or (loss)							
		Net rental income or (loss)	I		11				
	7a	Gross amount from (i) Securities			Other				
		sales of assets other than inventory		() -					
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
	d	Net gain or (loss)			u				
	8a	Gross income from fundraising even							
ğ		(not including \$							
e e		of contributions reported on line 1c							
Other Revenue		See Part IV, line 18	a_						
the	b	Less: direct expenses							
٥	С	Net income or (loss) from fund	draising o	events	u				
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						

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0

11a

b Less: direct expenses

10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

d All other revenue

12 Total revenue. See instructions. . .

e Total. Add lines 11a–11d

b

b

u

u

411,664

242,159

Busn. Code

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Secu	On 501(c)(3) and 501(c)(4) organizations must collect if Schedule O contains a respon		_	npiete column (A).	X
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	Rb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,689	88,987	32,917	16,785
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		4		
9	Other employee benefits	10,833	6,951	2,571	1,311
10	Payroll taxes	11,338	7,275	2,691	1,372
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	8,320		8,320	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	80,711	80,087	413	211
12	Advertising and promotion	28,993	12,173	15,895	925
13	Office expenses	8,022	5,767	1,591	664
14	Information technology	1,790	181	1,609	
15	Royalties	10.011		10.170	
16	Occupancy	18,944	765	18,179	
17	Travel	5,158	1,577	3,517	64
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 5 7 2		2 (72	
19	Conferences, conventions, and meetings	3,670		3,670	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	E E C C	055	E 40E	
23	Insurance	7,762	275	7,487	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	10 E <i>CA</i>	10 E <i>C</i> 4		
a	MISC EVENT EXPENSES	18,564	18,564		
b	SUPPLIES DECOMPOSES	13,513 9,508	13,513		
C	PROGARM COSTS	6,734	9,508 6,734		
d	LICENSES AND FEES	7,856	4,253	1 625	1 060
	All other expenses	380,405	256,610	1,635 100,495	1,968 23,300
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	300,403	250,010	100,433	43,300
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)if				

Г	ait /				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	121,850	1	44,362
	2	Savings and temporary cash investments	43,969	2	105,711
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	62,249
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	165,819	16	212,322
	17	Accounts payable and accrued expenses		17	6,225
	18	Grants payable		18	
	19	Deferred revenue		19	8,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 074		1 =00
		of Schedule D	1,274	25	1,793 16,518
	26	Total liabilities. Add lines 17 through 25	1,274	26	16,518
S		Organizations that follow SFAS 117 (ASC 958), check here u X and			
Š		complete lines 27 through 29, and lines 33 and 34.	164 545		105 004
alar	27	Unrestricted net assets	164,545	27	195,804
or Fund Balances	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
ř		Organizations that do not follow SFAS 117 (ASC 958), check here u and			
ts c	22	complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
Ä	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	164,545	32 33	195,804
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	165,819		212,322
	J 34	1 Utal Havillies allu Het assets/Iuliu valalices	TOO (O T)	J4	

 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 	411, 380,	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting	380,	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		259
5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting	164,	545
6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
Part XII Financial Statements and Reporting		
Part XII Financial Statements and Reporting	195,	804
Check if Schedule O contains a response or note to any line in this Part XII		
		X
<u> </u>	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
reviewed 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?	b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	c	
If the organization changed either its oversight process or selection process during the tax year, explain in		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
the Single Audit Act and OMB Circular A-133?	a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	.	

Form **990** (2016)

1524 07/12/2017 5:31 PM Form 990 (2016) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	of	x, unle	Pos check ess pe nd a	erson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other ompensation from the	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		8	organizatio and relate rganizatior	ed
(20) MARY ELLIOT	1 00											
	RECTOR	1.00	x						0	0			C
									2				
1b c	Sub-total							u u					
d	Total (add lines 1b and 1c)							u					
2	Total number of individuals (in reportable compensation from	-		d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"											3 Y	es No
4	For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of r	eport	table 50,00	con 00? <i>I</i>	npens f "Ye	satio s," c	n and other compensation	from the		4	
5	Did any person listed on line of for services rendered to the o	1a receive or acc	crue	com	pens	sation	n fror	n ar	ny unrelated organization or			5	
	ion B. Independent Contracto	ors											
1	Complete this table for your five compensation from the organization	zation. Report co							lar year ending with or with	in the organization's tax y	ear.		(0)
	Name and	(A) business address							Descript	(B) tion of services		Comp	(C) ensation
											\longrightarrow		
2	Total number of independent								se listed above) who				
	received more than \$100,000	or compensation	ı fro	n the	e org	janiz	ation	u					QQA (204)

1524 SAN DIEGO COUNTY BICYCLE COALITION

FYE: 12/31/2016

33-0418006

Federal Statements

CHANGE FROM CASH TO ACCRUAL Statement 1 - Form 3115, Page 3, Part II, Line 15 - Description of Applicant's Trade or Business

Description

NON-PROFIT ORGANIZATION WHO'S MISSION IS TO PROMOTE BICYCLING THROUGH EDUCATION. THEY INSTRUCT BICYCLISTS IN SAFE CYCLING PRACTICES THROUGH EDUCATION AND CYCLING EVENTS AS WELL AS PERFORM FEASABILITY STUDIES ASSESSING ENVIRONMENTAL IMPACT FOR PROJECTED BIKE/WALK PROJECTS.

CHANGE FROM CASH TO ACCRUAL

Statement 2 - Form 3115, Page 4, Part I, Line 2a - Income Accrued But Not Received

	Descrip	 Amour	nt	
PROGRAM SE	RVICE	RECEIVABLE	\$ 9	,206
TOTAL			\$ 9	,206

CHANGE FROM CASH TO ACCRUAL

Statement 3 - Form 3115, Page 4, Part I, Line 2c - Expenses Accrued But Not Paid

Description	Amount
ACCOUNTS PAYABLE	\$ -2,455
ACCRUED PAYROLL	-3,077
TOTAL	\$ -5,532

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or Form 990-EZ.

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

2016

Employer identification number

33-0418006

Open to Public Inspection

SAN DIEGO COUNTY BICYCLE COALITION

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.				
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	.)					
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio i	170(b)(1)(A)(i).					
2	П	A school des	cribed in section 170(b)(1)(ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	П	A hospital or	a cooperative hospital servi	cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П	•	·	d in conjunction with a hospital			• •	nospital's name.				
·	ш	city, and stat	•	an a	u00000u	000		roopharo mamo,				
5		•		of a college or university owned	or operat	ad by a c	overnmental unit described in					
J	Ш	•	(b)(1)(A)(iv). (Complete Part	•	or operar	ed by a g	overnmental unit described in					
6				n.) overnmental unit described in s	oction 1	70/h\/1\/ A	1/14					
6	Н	•					, ,	•				
7	Ш	-	section 170(b)(1)(A)(vi). (C	substantial part of its support fro	Jili a gove	emmema	unit or from the general public	J.				
8				170(b)(1)(A)(vi). (Complete Part	: II \							
9	Н	-				. d in	iunation with a land arout calla	~~				
9	Ш	-	=	cribed in section 170(b)(1)(A)(i of agriculture (see instructions).				ge				
		university:	or a normand grant conege t	or agriculture (see matructions).	Line the	riarric, ci	ty, and state of the conege of					
10	X		on that normally receives: (1) more than 33 1/3% of its sup	nort from	contributi	ons membership fees and on	 nes				
		_	-	ppt functions—subject to certain								
		•		nd unrelated business taxable in		•	<i>'</i>					
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2) .	. (Comple	te Part III	.)					
11		An organizati	on organized and operated	exclusively to test for public safe	ety.See s	section 5	09(a)(4).					
12	П	An organizati	on organized and operated of	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	oses				
		of one or mo	re publicly supported organization	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).				
		Check the bo	ox in lines 12a through 12d t	hat describes the type of suppor	rting orga	nization a	nd complete lines 12e, 12f, an	d 12g.				
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	l by its su	pported of	organization(s), typically by givi	ing				
			• ., .	er to regularly appoint or elect		of the di	rectors or trustees of the					
		supportin	g organization. You must c	omplete Part IV, Sections A a	nd B.							
	b			pervised or controlled in connec								
			•	ting organization vested in the s	same pers	ons that	control or manage the support	ed				
			•	Part IV, Sections A and C.		-0	and for all and by the material of	20.				
	С			supporting organization operated structions). You must complete				/itn,				
	d			 A supporting organization oper 				` '				
				e organization generally must sa	-		•	ess				
			` ,	nust complete Part IV, Section		•						
	е			eived a written determination fron n-functionally integrated suppor			s a Type I, Type II, Type III					
	f		mber of supported organizati	, , , , , , , ,	ung organ	iizatiori.						
	g		0	ne supported organization(s).								
(i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
,		ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see				
				above (see instructions))	docui	nent?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
r _{a4a}												

33-0418006

Page 2

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 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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.			4			
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(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		U				
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)				12	
13	First five years. If the Form 990 is for the	•	st, second, third, for	urth, or fifth tax ye	ar as a section 50°	I(c)(3)	. –
_	organization, check this box and stop her						
Sec	tion C. Computation of Public Se					1	
14	Public support percentage for 2016 (line 6	, column (f) divide	d by line 11, colum	n (f))		14	%_
15	Public support percentage from 2015 School	edule A, Part II, lin	e 14			15	%
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, of	check this	
	box and stop here. The organization qual						▶ ∟
b	33 1/3% support test—2015. If the organ				15 is 33 1/3% or m	ore, check	, _
	this box and stop here. The organization						▶ ∟
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	s as a publicly sup	ported	
	organization						▶ ∟
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization m	eets the "facts-and	d-circumstances" te	st. The organization	on qualifies as a p	ublicly	. —
							▶ ∟
18	Private foundation. If the organization did						, –
_	instructions	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	▶ ∟

Page 3

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 qualify under the tests listed below, please complete Part II.)

500	tion A. Public Support	quality under th	e lesis listeu L	below, please co	ompiete Fait II.	<u>/</u>	
	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2012	(b) 2010	(6) 2014	(a) 2010	(6) 2010	(i) Total
•	fees received. (Do not include any "unusual grants.")	81,824	89,792	218,745	74,545	169,319	634,225
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	108,403	130,629	75,692	275,601	242,159	832,484
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	190,227	220,421	294,437	350,146	411,478	1,466,709
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,265				1,265
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		Ó	1			
С	Add lines 7a and 7b		1,265				1,265
8	Public support. (Subtract line 7c from line 6.)		$\mathcal{L}(0)$				1,465,444
	tion B. Total Support			T	T.		
	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	190,227	220,421	294,437	350,146	411,478	1,466,709
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96	119	147	122	186	670
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	96	119	147	122	186	670
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,				$\overline{}$		
	and 12.)		220,540	294,584	350,268	411,664	1,467,379
14	First five years. If the Form 990 is for the organization, check this box and stop here	_		-			
Sec	tion C. Computation of Public Su					<u></u>	
15	Public support percentage for 2016 (line 8)			n (f))		15	99.87 %
16	Public support percentage from 2015 Sche						99.84 %
	tion D. Computation of Investme						JJ 101 / 1
17	Investment income percentage for 2016 (li	ine 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2015	Schedule A, Part II	II, line 17			18	%
19a	33 1/3% support tests—2016. If the orga		eck the box on line	e 14, and line 15 is	more than 33 1/3%	%, and line	
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2015. If the orga		=		-		> X
	line 18 is not more than 33 1/3%, check th	is box and stop he	ere. The organizati	ion qualifies as a p	ublicly supported of	organization	▶ <u>∟</u>
20	Private foundation. If the organization did	d not check a box o	on line 14, 19a, or	19b, check this box	x and see instruction	ons	▶ □

Schedule A (Form 990 or 990-EZ) 2016

Page 4

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.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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 benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
A (Fo	10b orm 99	0 or 990-	EZ) 2016

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	110		
OCCL	on B. Type I Supporting Organizations		Vaa	Na
	Did the discount for the second such as the second		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	4		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
	on 217 in Type in Cappering Ciganizations		Yes	No
4	Did the ergenization provide to each of its supported ergenizations, by the last day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
		,		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		20		
ı.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

me	ergency temporary reduction (see instructions).	6		
. [Check here if the current year is the organization's first as a non-functionally integrated	Гуре І	Il supporting organization ((see
	instructions).			

4

5

Schedule A (Form 990 or 990-EZ) 2016

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedu Par	le A (Form 990 or 990-EZ) 2016 SAN DIEGO COUNTY :			006 Page 7
	on D - Distributions	oupporting organiza	are (communacy)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	ses		Guironi Toui
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Continue C. Distribution Allocations (continue transform)	(i) Excess Distributions	(ii)	(iii) Distributable
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 2016
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
2	instructions.	4		
3	Excess distributions carryover, if any, to 2016:			
a				
b				
	From 2013			
	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>c</u> 5	Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2016, if			
Э	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (For	rm 990 or 990-EZ) 2016	SAN DIEGO	COUNTY	BICYCLE C	<u>!OALITION</u>	33-0418006	Page 8
Part VI						0; Part II, line 17a or	
						1b, and 11c; Part IV,	
						t IV, Section E, lines	
						, and 8; and Part V, §	
	lines 2, 5, and 6. A						_,
			p a y a		(000		
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ. u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	ection 501(c)(4), (5), or (6) organizations: Complete Part III.	_			
Name	of organization			Employer ident	ification number
	SAN DIEGO COUNTY BIO	CYCLE COALITION		33-04180	06
Par	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	n 527 organization	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. (see ins	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions) .			u\$	
3	Volunteer hours for political campaign activities (see instru	ctions)			
Par	t I-B Complete if the organization is exem	pt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Fo				
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the organization is exem	pt under section 501(c), except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			u\$	
2	Enter the amount of the filing organization's funds contribute	ted to other organizations for s	ection		
				u\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent				
	line 17b			u\$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu	ımber (EIN) of all section 527 p	political organizatio	ns to which the filing	
	organization made payments. For each organization listed,	enter the amount paid from th	e filing organizatio	n's funds. Also enter	
	the amount of political contributions received that were pro	mptly and directly delivered to	a separate politica	l organization, such	
	as a separate segregated fund or a political action committee	ee (PAC). If additional space is	needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runas. Il none, enter -o	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
/0 \					
(6)					
		I			

Schedule C (Form 990 or 990-EZ) 2016 SAN					
Part II-A Complete if the organ	ization is exemp	t under section	501(c)(3) and f	iled Form 5768 (el	ection under
section 501(h)).					
A Check ${f u}$ \prod if the filing organizat	ion belongs to an	affiliated group (a	and list in Part I	V each affiliated gro	oup member's
name, address, EIN	, expenses, and	share of excess lo	obbying expend	itures).	
B Check $\mathbf{u} \; igcap \;$ if the filing organizat	tion checked box	A and "limited cor	ntrol" provisions	apply.	
Limits on Lo	bbying Expendi	tures		(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence	public opinion (grass	roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
al Other average at a company to the company of the			l		
e Total exempt purpose expenditures (add	lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the a					
columns.		ing table in both			
If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:			
Not over \$500,000	20% of the amour				
Over \$500,000 but not over \$1,000,000		% of the excess over \$5	00,000		
Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1			
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5			
	•	o or the excess over \$1,0	500,000.		
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25°	0				
h Subtract line 1g from line 1a. If zero or le			\ I		
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?					Yes No
	_	ing Period Under	• •		
(Some organizations that made	de a section 501(h) election do not h	nave to complete	all of the five colu	mns below.
	See the separate i	nstructions for lin	es 2a through 2	f.)	
	11 1 5 5	D 1 4 4 4 4			
	obbying Expendit	ures During 4-Yea	r Averaging Per	ioa	
Calendar year (or fiscal year	() 00/0	42.004	() 00:-	(D 00:-	
beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(13070 OF HITE Zu, COMMITTE (E))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 SAN DIEGO COUNTY BICYCLE COALITION 33	-041	8006			Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).					
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b	<u>) </u>	
description of the lobbying activity.	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
a Volunteers?	. <u>X</u>				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?	- T			1,	644
j Total. Add lines 1c through 1i					644
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	l(c)(5),	or sec	tion		
501(c)(6).				Tv	Na
4 Mare substantially all (000) or mare) dues received pendeductible by manhare?				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1	+	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.	 ar?			\vdash	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				3, is	;
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and malfifed among them and the second		4			
and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A (affiliated group l	rt II-A, lii	nes 1 and	i i		
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
SCHEDULE C, PART II-B, LINE 1					
ATTENDED THE MATTONAL DIVE CHMMIT LODDY DAY _ WACHINGTO	NT DC	I _ 1\T/		G.D	
ATTENDED THE NATIONAL BIKE SUMMIT LOBBY DAY - WASHINGTO	M DC	<u>.</u>) OITH	<u>ък</u>	
ACTIVITIES. EXPENSES INCLUDE AIRFARE AND CONFERENCE FEE	3.				

Schedule C (Forn	n 990 or 990-EZ) 2016	SAN	DIEGO	COUNTY	BICYCLE	COALITION	33-0418006	Page 4
Part IV	Supplemental	Inform	nation (co	ntinued)				
					1			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number SAN DIEGO COUNTY BICYCLE COALITION 33-0418006 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? Part II 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 day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located $u\ \dots$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 held 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 u \$ (ii) Assets included in Form 990, Part X u \$ 2 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:

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016 SAN DIEGO	OCCUPATA B	TCACTE COM	TITON	33-04T9	000			Pa	age 🗸
Part III Organizations Maintaining	Collections of	Art, Historical T	reasures, o	r Other Sir	nilar As	sets (c	ontinu	ıed)	
3 Using the organization's acquisition, accessing collection items (check all that apply):	on, and other record	s, check any of the fo	ollowing that are	a significant u	use of its				
a Public exhibition	d 🗌	Loan or exchange pr	ograms						
b Scholarly research	е 🗆	Other	-						
c Preservation for future generations									
4 Provide a description of the organization's c	ollections and explain	n how they further the	organization's	exempt purpo	se in Part				
XIII.	·	•	J						
5 During the year, did the organization solicit						Г	٦.,		1
Part IV Escrow and Custodial Ar		part of the organization	on's collection?				Yes	s	No
Complete if the organization 990, Part X, line 21.		" on Form 990, Pa	art IV, line 9,	or reported	d an am	ount on	Form		
1a Is the organization an agent, trustee, custod	ian or other intermed	diary for contributions	or other assets	not					
						L	Ye	s	No
b If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
						Aı	mount		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year					1e				
f Ending balance					1f				
2a Did the organization include an amount on F								· -	No
b If "Yes," explain the arrangement in Part XIII	. Check here if the e	explanation has been	provided on Par	t XIII			<u></u>	.	
Part V Endowment Funds.									
Complete if the organization	n answered "Yes"	" on Form 990, Pa	<u>art IV, line 10</u>	D					
	(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years	back	(e) Four	years I	back
1a Beginning of year balance									
b Contributions									
c Net investment earnings, gains, and									
losses									
d Grants or scholarships									
e Other expenditures for facilities and									
programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage of the cur	rent vear end balance	e (line 1g. column (a)) held as:	•					
a Board designated or quasi-endowment u	%	(a)	,						
b Permanent endowment u %									
C Tomporarily restricted andowment	%								
The percentages on lines 2a, 2b, and 2c she									
3a Are there endowment funds not in the posses		ation that are held an	d administered	for the					
organization by:	osion of the organiz	ation that are note an	a daministerea	ior the			Γ	Yes	No
,						Г	3a(i)		
(i) unrelated organizations							3a(ii)		
(ii) related organizationsb If "Yes" on line 3a(ii), are the related organization	rations listed as requi	ired on Schedule P2				······	3b		
4 Describe in Part XIII the intended uses of the						L	30		
Part VI Land, Buildings, and Equ		owinent funds.							
	•	" on Form 000 Pr	ort IV/ line 11	la Saa Ear	m 000 l	Dort V Ii	ino 1	^	
Complete if the organization Description of property	(a) Cost or other		other basis	(c) Accumu) Book \		
Description of property	(investment)	''	her)	depreciati		,,) BOOK \	alue	
1a Lond		(01	,	аоргоона					
1a Land									
b Buildings									
c Leasehold improvements			+						
d Equipment						1			
e Other		rt V column (D) line (100)			+			
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pal	ıı∧, column (B), line ´	IUC.)		u	. 1			

Part VII	Investments—Other Securities.		11h Soo Form 000 P	Page .
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial	danimatina			
. ,	derivatives eld equity interests			
(0) 011				
/Λ\				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.	•		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)		4		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) CREDI	TT CARD	1,793		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) u	1,793		

Pa	art XI Reconciliation of Revenue per Audited Financia		per Return.	
	Complete if the organization answered "Yes" on Fo	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b		2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	· · · · · · · · · · · · · · · · · · ·	4b		
c	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	Reconciliation of Expenses per Audited Financ	•	es per Return.	
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 12a.	1.1	
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a		
b	* * * * * * * * * * * * * * * * * * * *			
С.	Other losses	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10		
a	, , , , , , , , , , , , , , , , , , , ,			
b	Add Page As and Ab		40	
			4c	
C 5				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liart XIII Supplemental Information.	ne 18.)	5	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	/, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liart XIII Supplemental Information.	ne 18.)	/, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	/, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	/, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)	/, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line	
5 Par Provide 2; Par Provide 3; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	, line 4; Part X, line nn.	
5 Par Provide 2; Par Provide 3; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	, line 4; Part X, line nn.	
5 Provide 2; Provide 2; Provide 3 Pr	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line in.	
5 Provide 2; Provide 2; Provide 3 Pr	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b.	ne 18.) nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line in.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line n.	
5 Provided P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line n.	
5 Provided P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line in.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional informatio	/, line 4; Part X, line in.	
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, lines 2d and 4b. Also complete this part XII, lines 2d and 4b.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional information	7, line 4; Part X, line in.	
5 Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional information	7, line 4; Part X, line in.	
5 Provide Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, lines 2d and 4b. Also complete this part XII.	nd 4; Part IV, lines 1b and 2b; Part V rt to provide any additional information	7, line 4; Part X, line n.	

Schedule D (Fo	orm 990) 2016	SAN DIEG	O COUNTY	BICYCLE	COALITION	33-0418006	Page 5
Part XIII	Supplement	al Informatio	n (continued)			33-0418006	
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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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

lame of the organization	Employer identification number
SAN DIEGO COUNTY BICYCLE COALITION	33-0418006
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR S'	TOCKHOLDERS
ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND	D THEIR RIGHTS
THE GOVERNING BOARD IS ELECTED BY THE ORGANIZATION'S	S MEMBERS.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	5 TO REVIEW FORM 990
ELECTRONIC VERSION IS SUBMITTED TO THE BOARD OF DI	RECTORS FOR REVIEW PRIOR
TO FILING.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC	CTS POLICY
THE BOARD OFFICIALLY ADOPTED THE CONFLICT OF INTERES	ST POLICY IN 2014.
MEMBERS OF THE BOARD REPORT ANY CONFLICTS AS THEY A	RISE.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS I	FOR TOP OFFICIAL
EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE I	BOARD OF DIRECTORS.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS I	FOR OFFICERS
KEY EMPLOYEE COMPENSATION IS APPROVED BY THE BOARD (OF DIRECTORS.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVA	
OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.	

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number Name of the organization 33-0418006 SAN DIEGO COUNTY BICYCLE COALITION DESCRIPTION PROGRAM SERVICE MGT & GENERAL **FUNDRAISING** OUTSIDE CONTRACT SERVICES 5,333 OUTSIDE CONTRACT SERVICES 70,184 PAYROLL PROCESSING FEES 374 PAYROLL PROCESSING FEES 437 OTHER EVENTS OUTSIDE CONTRACTORS 3,452 PAYROLL PROCESSING 307 TOTAL 80,087 413 FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION ORGANIZATION CHANGED FROM CASH TO ACCRUAL ACCOUNTING DURING 2016. SEE ATTACHED FORM 3115. PAGE 1 OF 1

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Application for Change in Accounting Method

OMB No. 1545-0152

Department of the Treasury

▶ Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

Internal Revenue Service	<u> </u>			
Name of filer (name of parent corporation if a consolidated group) (see instructions)	Identification 33-042	number (see instructions)		
SAN DIEGO COUNTY BICYCLE COALITION	Principal busir	ness activity code number (see inst	tructions)	
	Tay year of al	anne harine (MM/DDAAAA)	01/01/201	<u>-</u>
Number, street, and room or suite no. If a P.O. box, see the instructions.		nange begins (MM/DD/YYYY)		
1111 6TH AVENUE STE 402		nange ends (MM/DD/YYYY)	12/31/201	. o
City or town, state, and ZIP code	Name of cont	act person (see instructions)		
SAN DIEGO CA 92101	ANDY	HANSHAW		
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)			Contact person's teleph	
If the applicant is a member of a consolidated group, check this box			u	
If Form 2848, Power of Attorney and Declaration of Representative, is attached	ed (see instructions f	for when Form 2848 is		
required), check this box	`		u	
Check the box to indicate the type of applicant.	Check the	appropriate box to indic		
Individual Cooperative (Sec. 1381)	I	iting method change beir	• •	
H ************************************	See instru	•	9	
Corporation Partnership				
Controlled foreign corporation (Sec. 957)		ciation or Amortization		
10/50 corporation (Sec. 904(d)(2)(E)) Insurance co. (Sec. 816(a))) X Financ	cial Products and/or Financ	cial Activities of	
Qualified personal service Insurance co. (Sec. 831)		cial Institutions		
corporation (Sec. 448(d)(2)) Uther (specify) u	Other	(specify) u		
X Exempt organization. Enter				
Code section u 501(C)(3)				
Caution: To be eligible for approval of the requested change in method of acc	counting, the taxpay	er must provide all informa	tion that is	
relevant to the taxpayer or to the taxpayer's requested change in method of ac	ccounting. This inclu	des (1) all relevant informa	ation requested on	
this Form 3115 (including its instructions), and (2) any other relevant information	-			
The taxpayer must attach all applicable statements requested through		,		
Part I Information for Automatic Change Request	out tins form.			
				Vec No
1 Enter the applicable designated automatic accounting method change n	` ,	•		Yes No
change. Enter only one DCN, except as provided for in guidance publish	-)	
DCN, check "Other," and provide both a description of the change and a	a citation of the IRS	guidance providing the		
automatic change. See instructions.				
a (1) DCN: 122 (2) DCN: (3) DCN: (4) DCN: _	(5) DCN:	(6) DCN:	_	
(7) DCN: (8) DCN: (9) DCN: (10) DCN: _	(11) DCN:	(12) DCN:		
b Other Description u			_	
2 Do any of the eligibility rules restrict the applicant from filing the request	ed change using the	automatic change		
procedures (see instructions)? If "Yes," attach an explanation	0 0	•		х
3 Has the filer provided all the information and statements required (a) on	this form and (h) hy	the List of Automotic		
				x
Changes under which the applicant is requesting a change? See instruction	ctions.			
Note: Complete Part II and Part IV of this form, and, Schedules A through	gn E, if applicable.			<u> </u>
Part II Information for All Requests				Yes No
4 During the tax year of change, did or will the applicant (a) cease to enga				
requested change relates, or (b) terminate its existence? See instruction	ns.			X
5 Is the applicant requesting to change to the principal method in the tax y	year of change unde	er Regulations section		
1.381(c)(4)-1(d)(1) or 1.381(c)(5)-1(d)(1)?				X
If "No," go to line 6a.				
If "Yes," the applicant cannot file a Form 3115 for this change. See insti	ructions			
Under penalties of perjury, I declare that I have examined this application, including accompan		ents, and to the best of my		
knowledge and belief, the application contains all the relevant facts relating to the application,	, and it is true, correct, and o			
preparer (other than applicant) is based on all information of which preparer has any knowled	ige. I			
Sign Signature of filer (and spouse, if joint return)	Date	Name and title (print or type)		
Here				
		KEVIN WOOD		
/		TREASURER		
Preparer Print/Type preparer's name	Prepar	er's signature	Date	
(other than JERE R. BATTEN, CPA				12/17
filer/applicant) Firm's name u BATTEN ACCOUNTANCY IN	iC .			

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	F	age 2
Pa	art II Information for All Requests (continued)	Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		
	applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)?		X
	If "No," go to line 7a.		
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to		
	either the applicant or any present or former consolidated group in which the applicant was a member during the		
	applicable tax year(s))? See instructions.		
С	Enter the name and telephone number of the examining agent and the tax year(s) under examination.		
	Name u Telephone no. u Tax year(s) u		
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?	<u> </u>	
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions.	X	
	If "No," attach an explanation.		
b	If "Yes," check the applicable box and attach the required statement.		
	Not under exam 3-month window 120 day: Date examination ended u		
	Method not before director Negative adjustment CAP: Date member joined group u		
_	Audit protection at end of exam Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		37
	applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court?		X
	If "No," go to line 9.		
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or		
	a federal court (for either the applicant or any present or former consolidated group in which the applicant was a		
	member for the tax year(s) the applicant was a member)? See instructions.		
_	If "Yes," attach an explanation.		
С	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,		
	telephone number, and the tax year(s) before Appeals and/or a federal court.		
ч	Name u Telephone no. u Tax year(s) u Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified		
d			
9	on line 8c? If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group,		
3	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and		
	(d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,		
	and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax		
	return of a partner, member, or shareholder of that entity?		X
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or		
	non-automatic change procedure) a change in method of accounting within any of the five tax years ending with		
	the tax year of change?		X
	If "No," go to line 12.		
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting		
	(including the tax year of change) and state whether the applicant received consent.		
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any		
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
	If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s),		
	(c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the		
	specific issue(s) in the request(s).		
13	Is the applicant requesting to change its overall method of accounting?	X	
	If "Yes," complete Schedule A on page 4 of the form.		

Form **3115** (Rev. 12-2015)

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	F	age 3					
Pa	art II Information for All Requests (continued)	Yes	No					
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of							
	accounting and changing to a special method of accounting for one or more items, attach a detailed and							
	complete description for each of the following (see instructions):							
а	The item(s) being changed.							
b	The applicant's present method for the item(s) being changed.							
С	The applicant's proposed method for the item(s) being changed.							
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).							
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es).							
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe							
	(i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade							
	or business and any other types of activities engaged in that generate gross income; (iii) the overall method of							
	accounting for each trade or business; and (iv) which trade or business is requesting to change it accounting							
	method as part of this application or a separate application. SEE STATEMENT 1							
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to							
	complete Lines 16a-c.							
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a							
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's							
	situation and that demonstrates that the applicant is authorized to use the proposed method.							
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.							
С	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.							
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements?							
	For insurance companies, see the instructions.	X						
	If "No," attach an explanation.							
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?		X					
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of							
	accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or							
	inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.							
	1st preceding year ended: mo./yr. 12/31/15 2nd preceding year ended: mo./yr. 12/31/14 3rd preceding year ended: mo./yr. 12/31/13							
	250 060 004 504							
	·	•						
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition							
	to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:							
	4th preceding year ended: mo./yr \$							
Pa	art III Information for Non-Automatic Change Request	Yes	No					
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or							
	other published guidance as an automatic change request?							
	If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic							
	change procedures.							
21	Attach a copy of all documents related to the proposed change (see instructions).							
22	Attach a statement of the applicant's reasons for the proposed change.							
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the							
	consolidated group use the proposed method of accounting for the item being changed?							
	If "No," attach an explanation.							
24a	Enter the amount of user fee attached to this application (see instructions). u \$							
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).							

Form **3115** (Rev. 12-2015)

Forn	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006		<u>F</u>	Page 4
Pa	art IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the			
	requested change in method of accounting on a cut-off basis?			
	If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.			
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in			
	income. u \$ Attach a summary of the computation and an explanation of the methodology			
	used to determine the section 481(a) adjustment. If it is based on more than one component, show the			
	computation for each component. If more than one applicant is applying for the method change on the			
	application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a)			
	adjustment attributable to each applicant.			
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change?			
	If "Yes," check the box for the applicable elective provision used to make the election (see instructions).			
	\$50,000 de minimis election Eligible acquisition transaction election			
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a			
	If "Yes," attach an explanation.			
Sch	edule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed.)		
Pa	art I Change in Overall Method (see instructions)			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.			
	Present method: X Cash Accrual Hybrid (attach description)			
	Proposed method: Cash X Accrual Hybrid (attach description)			
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attactive the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attactive the following amounts as of the close of the tax year preceding the year of change.	ch a		
2		ла		
	statement providing a breakdown of the amounts entered on lines 2a through 2g.	An	ount	
	Income account but not received (such as accounts received). CEE CEATEMENT 2			206
а	Income accrued but not received (such as accounts receivable) SEE STATEMENT 2	\$	9,	200
b	Income received or reported before it was earned (such as advanced payments). Attach a description of	NONTE		
	the income and the legal basis for the proposed method	NONE		F 2 6
C	Expenses accrued but not paid (such as accounts payable) SEE STATEMENT 3		-5 ,	332
d	Prepaid expenses previously deducted			
е	Supplies on hand previously deducted and/or not previously reported	NONE		
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	NONE		
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the			
	calculation of the section 481(a) adjustment. u	NONE		
h	Net section 481(a) adjustment (Combine lines 2a-2g.) Indicate whether the adjustment is an increase (+)			
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			
	line 26.	\$	3,	674
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	ΧN	0
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable,	as of		
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used w	hen		
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the	;		
	federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part	l,		
	lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach			
	a statement explaining the differences.			
5	Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")?	Yes	ΧN	0
	If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.	_		
Pa	rt II Change to the Cash Method for Non-Automatic Change Request (see instructions)			
Appl	cants requesting a change to the cash method must attach the following information:			
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials	and		
	supplies used in carrying out the business.			
2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regula	tions.		

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
- a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
- **b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- **d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

DAA Form **3115** (Rev. 12-2015)

Part II Change in Pooling Inventories (continued)

- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change	in the Treatment	of Long-Term	Contracts	Under Secti	on 460,	Inventories,	or	Other
Section 263A Assets	(see instructions)							

<u> </u>	HOI 200A ASSELS (SEE INSTRUCTIONS)							
Pa	rt I Change in Reporting Income From Long-Term Contra	cts (Also complete Pa	t III on pages 7 and	8.)				
1	To the extent not already provided, attach a description of the applicant's present	and proposed methods for	reporting income					
	and expenses from long-term contracts. Also, attach a representative actual contra	act (without any deletion) fo	r the requested					
	change. If the applicant is a construction contractor, attach a detailed description	of its construction activities.		_				
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (s	ee instructions)?	Y	'es _	No			
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see installation)	structions)?	Y	'es	No			
	If line 2b is "No," attach an explanation.							
С	Is the applicant requesting to use the percentage-of-completion method using cos	t-to-cost under		_				
	Regulations section 1.460-4(b)?		📙 Y	'es	No			
d	7 11							
	Regulations section 1.460-5(b) or the simplified cost-to-cost method described in Regulations section 1.460-5(c)?							
е	e If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion							
	method under Regulations section 1.460-4(c)(2)?		📙 Y	'es	No			
	If line 2e is "Yes," attach an explanation of what method the applicant will use to d	etermine a contract's						
	completion factor.							
	If line 2e is "No," attach an explanation of what method the applicant is using and	•		_	_			
3a	Does the applicant have long-term manufacturing contracts as defined in section	460(f)(2)?	<u> </u>	'es	No			
b	If "Yes," attach a description of the applicant's manufacturing activities, including a	any required installation						
	of manufactured goods.			_	_			
4a			Ц Ү	'es	No			
b	Does the applicant enter into federal long-term contracts?			es	No			
Pa	rt II Change in Valuing Inventories Including Cost Allocation	on Changes (Also cor	nplete Part III on pag	es 7 a	nd 8.)			
1	Attach a description of the inventory goods being changed.							
2	Attach a description of the inventory goods (if any) NOT being changed.				٦			
3a	Is the applicant subject to section 263A? If "No," go to line 4a.		∐ Y	'es	No			
b	Is the applicant's present inventory valuation method in compliance with section 2				٦			
	If "No," attach a detailed explanation		<u> </u>	'es _	_ No			
4-	Cheal the annumists have in the short	Inventory Method	Being Changed		ry Method ig Changed			
4a	Check the appropriate boxes in the chart. Identification methods:	Present method	Proposed method	+	nt method			
		Trosent metrod	Troposed method	1 10001	it moulou			
	Specific identification FIFO							
	LIFO							
	Other (attach explanation) Valuation methods:							
	Cont							
	Cost or market, whichever is lower							
	Retail cost							
	Retail, lower of cost or market							
	Other (attach explanation)							
b	Enter the value at the end of the tax year preceding the year of change	\$	\$					

- 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- **b** Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- **c** Only for applicants requesting an automatic change. The statement required by section 22.01(5) of Rev. Proc. 2015-14 (or its successor).

Form **3115** (Rev. 12-2015)

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor		NA
3 Indirect labor		NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities		
placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance		NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental		
expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NT 70	NA
24 Capitalizable service costs (including mixed service costs)		NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NT 2	NA
28 Other costs (Attach a list of these costs.)		NA

Form **3115** (Rev. 12-2015)

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses	NA	NA
2	Research and experimental expenses not included in Section B, line 26	NA	NA
3	Bidding expenses not included in Section B, line 22	NA	NA
4	General and administrative costs not included in Section B	NA	NA
5	Income taxes	NA	NA
6		NA	NA
7	Warranty and product liability costs	NA	NA
8	Section 179 costs	NA	NA
9	On-site storage	NA	NA
10	Depreciation, amortization, and cost recovery allowance not included in Section B,		
	line 11	NA	NA
11	Other costs (Attach a list of these costs.)	NA	NA

Schedule E-Change in Depreciation or Amortization. See instructions.

Appli	cants requesting approval to change their method of accounting for depreciation or amortization complete this section.		
Appli	cants must provide this information for each item or class of property for which a change is requested.		
Note	: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information regarding		
autor	natic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect to		
certa	in late elections and election revocations. See instructions.		
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?	Yes	No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).		
2	Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A?	Yes	No
	If "Yes," enter the applicable section ${f u}$		
3	Has a depreciation, amortization, expense, or disposition election been made for the property such as,		
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?	Yes	No
	If "Yes," state the election made ${f u}$		
4a	To the extent not already provided, attach a statement describing the property subject to the change. Include in the description		
	the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or		
	income-producing activity.		
b	If the property is residential rental property, did the applicant live in the property before renting it?	Yes	No
С	Is the property public utility property?	Yes	No
5	To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the		

- property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- **c** The facts to support the asset class for the proposed method.
- **d** The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property.
- f The applicable convention of the property.
- g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
- h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

Form **990**

Two Year Comparison Report

For calendar year 2016, or tax year beginning

ending

Name

Taxpayer Identification Number

2015 & 2016

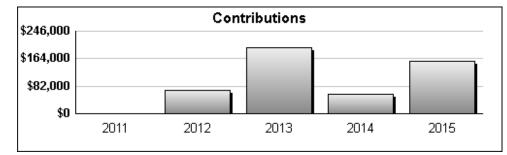
5	IA:	N DIEGO COUNTY BICYCLE COALITION				33-0	418006
				2015	2016		Differences
e n	1.	Contributions, gifts, grants	1.	27,452	22	2,873	-4,579
	2.	Membership dues and assessments	2.	18,013	14	4,343	-3,670
	3.	Government contributions and grants	3.	29,080		2,103	
	4.	Program service revenue	4.	275,601	242	2,159	-33,442
_		Investment income	5.	122		186	64
>	6.	Proceeds from tax exempt bonds	6.				
A.	7.	Net gain or (loss) from sale of assets other than inventory	7.				
		Net income or (loss) from fundraising events	8.				
		Net income or (loss) from gaming	9.				
		Net gain or (loss) on sales of inventory	10.				
		Other revenue	11.				
	12.	Total revenue. Add lines 1 through 11	12.	350,268	411	L,664	61,396
	13.	Grants and similar amounts paid	13.				
	14.	Benefits paid to or for members	14.				
S	15.	Compensation of officers, directors, trustees, etc.	15.	4			
S	16.	Salaries, other compensation, and employee benefits	16.	143,226	160	,860	17,634
e	17.	Professional fundraising fees	17.				
о Х	18.	Other professional fees	18.	78,486		9,031	10,545
Ш	19.	Occupancy, rent, utilities, and maintenance	19.	13,811	18	3,944	5,133
	20.	Depreciation and Depletion	20.				
		Other expenses	21.	74,714		L , 570	
	22.	Total expenses. Add lines 13 through 21	22.	310,237		,405	
		Excess or (Deficit). Subtract line 22 from line 12	23.	40,031		L , 259	
	24.	Total exempt revenue	24.	350,268	411	L , 664	61,396
_	25.	Total unrelated revenue	25.				
ij	26.	Total excludable revenue	26.	275,723		2,345	
Information	27.	Total assets	27.	165,819		2,322	
for	28.	Total liabilities	28.	1,274		5,518	
드	29.	Retained earnings	29.	164,545	195	5,804	31,259
the	30.	Number of voting members of governing body	30.	30	30		
		Number of independent voting members of governing body \dots	31.	30	30		
	32.	Number of employees	32.	5	5		
	33.	Number of volunteers	33.	500	200		

Form 990	m 990 Tax Return History				
Name	SAN DIEGO COUNTY BICYCLE COALITION	Employer Id	lentification Number 18006		

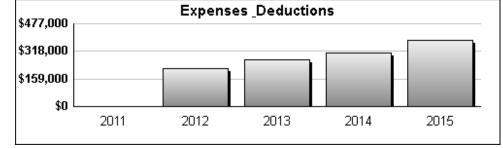
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants		68,782	197,121	56,532	154,976	
Membership dues		21,010	21,624	18,013	14,343	
Program service revenue		130,629	75,692	275,601	242,159	
Capital gain or loss						
Investment income		119	147	122	186	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)			4			
Other revenue						
Total revenue		220,540	294,584	350,268	411,664	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		89,038	104,670	143,226	160,860	
Professional fees		28,548	60,505	78,486	89,031	
Occupancy costs		10,372	13,708	13,811	18,944	
Depreciation and depletion						
Other expenses		89,626	91,676	74,714	111,570	
Total expenses		217,584	270,559	310,237	380,405	
Excess or (Deficit)		2,956	24,025	40,031	31,259	
		220,540	294,584	350 369	111 661	
Total exempt revenue		440,540	434,304	350,268	411,664	
Total unrelated revenue		120 749	75 020	275 722	242 245	
Total excludable revenue		130,748	75,839	275,723	242,345	
Total Assets		100,489	124,514	165,819	212,322	
Total Liabilities		100 400	104 F14	1,274	16,518	
Net Fund Balances		100,489	124,514	164,545	195,804	

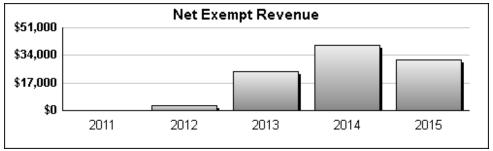
Form 990T	Tax Return History	2016
Name		Employer Identification Number
	SAN DIEGO COUNTY BICYCLE COALITION	33-0418006

	2012	2013	2014	2015	2016	2017
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
ontrolled organizations income/interest*						
vestment income, specific organizations*		·	4			
xploited exempt activity income*		·				
ther income						
otal trade or business income.						
ompensation of officers, ect.						
other salaries and wages						
epairs and maintenance						
ad debts						
nterest)			
axes and licenses						
haritable contributions						
epreciation and Depletion						
eferred compensation plans						
mployee benefit programs						





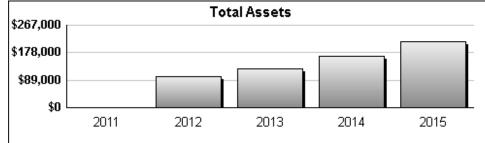


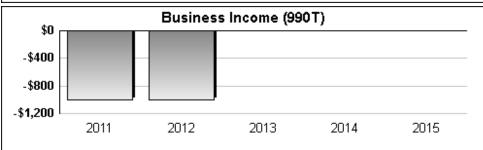


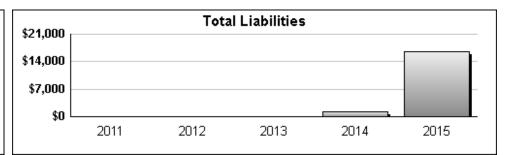
Form 990T	Tax Return History					
Name		dentification Number				

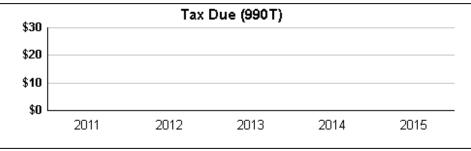
	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction	1,000	1,000				
ncome after expense and deductions	-1,000	-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes			4			
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









1524 SAN DIEGO COUNTY BICYCLE COALITION

Federal Statements

7/12/2017 5:31 PM

FYE: 12/31/2016

33-0418006

Taxable Interest on Investments

Descripti	ion					
		Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME						
	\$	186		14		
TOTAL	\$	186				



1524 SAN DIEGO COUNTY BICYCLE COALITION

33-0418006

Federal Statements

FYE: 12/31/2016

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Ex	Total openses		rogram Service	Manaq Ge	gement & eneral	Fund taising
OUTSIDE CONTRACT SERVICES OUTSIDE CONTRACT SERVICES	\$	5,333 70,184	\$	5,333 70,184	\$		\$
PAYROLL PROCESSING FEES		998		374		413	211
PAYROLL PROCESSING FEES OTHER EVENTS		437		437			
OUTSIDE CONTRACTORS		3,452	1	3,452			
PAYROLL PROCESSING		307		307			
TOTAL	\$	80,711	\$	80,087	\$	413	\$ 211

Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total xpenses	rogram Service	agement & General	 Fund Raising
MEMBERSHIP DUES	 \$	3,332	\$ 2,294	\$ 1,038	\$ _
MERCHANT FEES		1,512		199	1,313
SUPPLIES		1,196	497	44	655
MISC EVENT EXPENSES		792	792		
STAFF DEVELOPMENT		226		226	
REFRESHMENTS		203	203		
LICENSES AND FEES		175	175		
REFRESHMENTS		142	142		
DUES AND SUBSCRIPTIONS		90	90		
LICENSE, FEES & PERMITS		75		75	
LICENSES AND FEES		50	50		
BANK FEES		32		32	
PROGRAM COSTS		26	5	21	
MERCHANT FEES		5	 5	 	
TOTAL	\$	7,856	\$ 4,253	\$ 1,635	\$ 1,968

Schedule A, Part III, Line 2(e)

Description		 Amount		
PROGRAM SERVICE FEE TOUR DE FAT OTHER EVENTS BIKE THE BAY	C	\$ 127,883 37,622 12,520 64,134		
TOTAL		\$ 242,159		

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2012	_	 2013		2014	2015	2016
BOARD MEMBERS	\$	<	\$ 1,265	\$		\$	\$
TOTAL	\$	<u>0</u> \$	\$ 1,265	\$_	0	\$ 0	\$ 0

Schedule A, Part III, Line 10a(e)

Description	 Amount
INTEREST INCOME	\$ 186
TOTAL	\$ 186

Form 199 Return Summary

For calendar year 2016, or tax year beginning

, and ending

33-0418006

SAN DIEGO COUNTY BICYCLE COALITION

Gross sales / receipts	<u>242,345</u>	
Dues from members		
Contributions / grants	169,319	
Total costs		
Expenses	380,405	
Excess / (deficit)		31,259
Filing fee		
Total payments		
Penalties and interest		
Use tax		

Balance due Refund

Balance Sheet

	Beginning	Ending	Differences
Assets	165,819	212,322	
Liabilities	1,274	16,518	
Net assets	164,545	195,804	31,259

Miscellaneous Information

Amended return

Return / extended due date $\frac{11/15/17}{}$

034

MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

	Ch	neck if:				
State Charity Registration Number	\sqcup	Change of address				
SAN DIEGO COUNTY BICYCLE COAL	ITION	Amended report				
Name of Organization 1111 6TH AVENUE STE 402		•				
Address (Number and Street)	<u> </u>	porate or Organization No.	1657596			
SAN DIEGO CA 9210		devel Employee I.D. No.	33-0418006			
City or Town, State and ZIP Code	red	deral Employer I.D. No.	33-0410000			
ANNUAL REGISTRATION RENEWAL	•	•	311 and 312)			
	to Attorney General's Registry o		wonuo.	Fee		
	<u>Revenue</u> 0,001 and \$250,000 \$50		01 and \$10 million	<u>ree</u> \$150		
,	0,001 and \$1 million \$75	5 Between \$10,000,	001 and \$50 million	\$225		
		Greater than \$50	million	\$300		
PART A - ACTIVITIES	01 (01 (1)	10/21/16				
For your most recent full accounting period (beginning						
Gross annual revenue \$ 411,664 T	otal assets \$ 212,	322				
PART B - STATEMENTS REGARDING ORGANIZ						
Note: If you answer "yes" to any of the questions below, response. Please review RRF-1 instructions for inf		eet providing an explana	tion and details for ea	ach "yes		
			Yes	No		
During this reporting period, were there any contracts, loans, leases or oth				х		
director or trustee thereof either directly or with an entity in which any such	onicer, director or trustee riad any financial i	interest?		71		
2. During this reporting period, was there any theft, embezzlement, diversion	or misuse of the organization's charitable pro	p. or funds?		Х		
3. During this reporting period, did non-program expenditures exceed 50% of	gross revenues?			x		
During this reporting period, were any organization funds used to pay any pure Internal Revenue Service, attach a copy.	penalty, fine or judgment? If you filed a Form	4720 with the		х		
5. During this reporting period, were the services of a commercial fundraiser of	or fundraising counsel for charitable purposes	s used? If "yes,"		х		
provide an attachment listing the name, address, and telephone number of						
 During this reporting period, did the organization receive any governmental the agency, mailing address, contact person, and telephone number. 	runding? It so, provide an attachment listing	the name of		X		
During this reporting period, did the organization hold a raffle for charitable number of raffles and the date(s) they occurred.	purposes? If "yes," provide an attachment in	ndicating the		х		
8. Does the organization conduct a vehicle donation program? If "yes," provide		ram is operated		Х		
by the charity or whether the organization contracts with a commercial func 9. Did your organization have prepared an audited financial statement in acc		principles for this		7.7		
reporting period?	accopied accounting p	. ,		Х		
Organization's area code and telephone number 858-48	7-6063					
Organization's e-mail address EXECDIR@SDCBC.C	RG					
I declare under penalty of perjury that I have examined this	s report, including accompanyin	ng documents, and to the	e best of my knowled	lge and		
belief, it is true, correct and complete.						
KEVIN WOOD	District Name	TREASURER				
Signature of authorized officer	Printed Name	Title	Date	е		

Form

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2016 Open to Public

Inspection u Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change SAN DIEGO COUNTY BICYCLE COALITION Doing business as 33-0418006 Name change Number and street (or P.O. box if mail is not delivered to street address) 858-487-6063 Initial return 1111 6TH AVENUE STE 402 City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated SAN DIEGO CA 92101 411,664 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending KEVIN WOOD 3675 LOUISIANA STREET H(b) Are all subordinates included? SAN DIEGO 92104 If "No," attach a list. (see instructions) X 501(c)(3)) t (insert no.) 4947(a)(1) or 501(c) (WWW.SDBIKECOALITION.ORG Website: U H(c) Group exemption number ${f u}$ Year of formation: 1989 X Corporation Trust Association Form of organization: M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTION OF BICYCLING THROUGH EDUCATION Governance 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 30 3 Number of voting members of the governing body (Part VI, line 1a) Activities & 30 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 Current Year 74,545 8 Contributions and grants (Part VIII, line 1h) 169,319 Revenue 9 Program service revenue (Part VIII, line 2g) 275,601 242,159 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 186 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 350,268 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 143,226 160,860 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) \mathbf{u}_{\dots} 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,011 219,545 310,237 380,405 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 40,031 31,259 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year 200 165,819 212,322 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 1,274 16,518 22 Net assets or fund balances. Subtract line 21 from line 20 164,545 195,804 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here KEVIN WOOD TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check Paid JERE R. BATTEN, CPA 07/12/17 self-employed P00605586 **Preparer** BATTEN ACCOUNTANCY Firm's EIN } Firm's name **Use Only** 4696 GREENE ST 92107-1420 619-501-6359 SAN DIEGO, CA May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form	m 990 (2016) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
P	PROMOTION OF BICYCLING THROUGH EDUCATION	
	•	

2	Did the organization undertake any significant program services during the year which were not listed on the	
2	5 5 000 000 570	Yes X No
	prior Form 990 or 990-EZ?	res A No
	If "Yes," describe these new services on Schedule O.	
3	5 7 7 T S	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
12	a (Code:) (Expenses \$ 126,328 including grants of \$) (Revenue \$	123,945)
	BIKE FOR LIFE EDUCATION PROGRAMS. INSTRUCTING BICYCLISTS IN SAFE	
	- '	СТСПТИС
P	PRACTICES THROUGH EDUCATION AND CYCLING EVENTS.	
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	b (Code:) (Expenses \$ 130,282 including grants of \$) (Revenue \$	253,301)
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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 (see instructions)?	2		_X_
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			v
_	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Ves." complete Schedule D. Part IV	9		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, 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
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		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		v
12	"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 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	the and thereing approximation of the Manual to Oak and a F. Darde Hand IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			ľ
	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			ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ĺ
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			
Z Ja		25a		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	23a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		v
	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			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	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		Х
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			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30		30		х
21	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
31		1 24		х
20	Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			l
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			ł
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,			ł
		37		х
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	······ "		_ -
55	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	ł
	10: Note. All 1 offin 330 fileto are required to complete Johnsdule U.	30	. 990	

Form 990 (2016) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006

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Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a **b** If "Yes," enter the name of the foreign country: **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

<u>Sec</u>	tion A. Governing Body and Management					
			2.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30	-		
	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.		20			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
				3		_ <u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5				5		X
6	Did the organization have members or stockholders?			6	_X_	
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	X	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tl	ne following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	rnal F	Revenue Co	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
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 filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		Х
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed u CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50)	01(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est poli	cy, and			
	financial 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 reco	rds: u				
	NDREA RAE 1111 6TH AVENUE, SUITE 402		_		_	
G.	NN DTECO	١٦	0 5 0	_4Q	7-6	n K 2

compensated employees; and former such persons.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

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

(A) Name and Title	(B)	10.1	atou		C)	111011 00		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per			check	more	than one		compensation	compensation from	amount of
	week (list any					is both a or/trustee		from the	related organizations	other compensation
	hours for							organization	(W-2/1099-MISC)	from the
	related organizations	Individual or director	stituti	Officer	y en	ploye	Former	(W-2/1099-MISC)		organization and related
	below dotted line)	tor	Institutional trustee		Key employee	Highest compensated employee				organizations
	11110)	trustee	trust		8	pens				
			e			ated				
(1) KEVIN WOOD						V				
	1.00									
TREASURER	0.00	X		X				0	0	0
(2) ROBERT LEONE										
	1.00									
DIRECTOR	0.00	X						0	0	0
(3) MYLES POMEROY	1 00									
	1.00	3,5						0	_	•
DIRECTOR TCCAROX	0.00	X					-	0	0	0
(4) SERGE ISSAKOV	1.00									
DIRECTOR	0.00	х						0	0	0
(5) CARL EBERT	0.00	^					-		<u> </u>	0
(3) CPICE EDERCE	1.00									
DIRECTOR	0.00	x						0	0	0
(6) JIM BAROSS										
(-)	1.00									
DIRECTOR	0.00	x						0	0	0
(7) RANDY VAN VLECK										
	1.00									
DIRECTOR	0.00	X						0	0	0
(8) JENNIFER ERWIN										
	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KHALISA BOLLING										
·	2.00									•
CHAIR	0.00	X		X				0	0	0
(10) TONY MORRISON	1 00									
DIRECTOR	1.00	x						0	0	0
DIRECTOR (11) MARIA OLIVAS	0.00	^					\dashv	U	0	<u> </u>
(II) PARTA CHIVAS	1.00									
SECRETARY	0.00	x		x				0	0	0
		1	<u> </u>	1		<u> </u>			·	

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10111 990 (2010) DIM DID			_	_				<u> </u>					aye c
Part VII Section A. Officers	s, Directors, Tru	istee	s, K	ey E	mpl	oyee	es, a	nd Highest Compensated	Employees (continued)	1			
(A) Name and title	(B) Average hours per	(d	o not	Pos	C) sition more	than o	one	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimate		
	week (list any	bo	x, unl	ess pe	erson i	is both or/trust	an	from the	related organizations	,	othe	r	
	hours for		_		-			organization	(W-2/1099-MISC)		from t	he	
	related organizations	Individual or director	Institutional	Officer	ey en	nploye	Former	(W-2/1099-MISC)			organiza and rela		
	below dotted line)	tor tr			Key employee	com				'	organizat	tions	
	,	trustee	trustee		ě	Highest compensated employee							
(12) DAVE NICHOLS						"							
DIRECTOR	1.00	x						o	0				C
(13) BERNARD BOGAL		71						J	J T				
	1.00	.											
DIRECTOR (14) KATIE CRIST	0.00	X						0	0				
(11) IGHILL CRIDI	1.00												
VICE CHAIR	0.00	X		x				0	0				C
(15) DAVE CAMPILAI													
DIRECTOR	1.00	x						0	0				c
(16) SUZY MURPHY	0.00								0				
	1.00												
DIRECTOR	0.00	X						0	0				C
(17) DOUGLAS ALDE	1.00												
DIRECTOR	0.00	x						0	0				C
(18) VI NGUYEN													
DIRECTOR	1.00	x						0	0				C
(19) JIM BAROSS													
	1.00	.											
DIRECTOR 1b Sub-total	0.00	X					<u> </u>	0	0				C
c Total from continuation shee	ets to Part VII.	Sect	ion /	 4			u u						
d Total (add lines 1b and 1c)							u						
2 Total number of individuals (in	cluding but not l	imite	d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of				
reportable compensation from	the organization	<u>u</u>	<u> </u>									Yes	No
3 Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	empl	oyee, or highest compensa	ited		3		х
employee on line 1a? <i>If "Yes,"</i> 4 For any individual listed on line	e 1a, is the sum	<i>auie</i> of r	<i>J ioi</i> epor	r <i>suc</i> table	con	a <i>ivial</i> npens	<i>ıaı</i> satio	n and other compensation	from the		3		Ä
organization and related organ													х
individual5 Did any person listed on line	1a receive or ac	crue	com	pens	atio	n fror	 m ar	ny unrelated organization or	· individual		4		Ä
for services rendered to the o	rganization? If "										5		X
Section B. Independent Contractor1 Complete this table for your fire		onco	ntod	indor	oond	lont (contr	ractors that received more t	than \$100,000 of				
compensation from the organia	zation. Report co							ar year ending with or with	in the organization's tax ye	ear.			
Name and	(A) business address							Descript	(B) ion of services		Cor	(C) mpensati	ion
							\vdash						
							<u> </u>						
2 Total number of independent received more than \$100,000								se listed above) who	0				

) (2016) SAN DIEGO		ry bi	CYCLE	COALITION	33-0418006		Page 9
Pa	rt V	Statement of Reversible Check if Schedule C		ains a re	esponse (or note to any line	in this Part VIII		
					·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
Gra		Membership dues	1b		14,343				
ts, An		Fundraising events	1c						
필를		Related organizations	1d						
Sim's		Government grants (contributions)	1e	1	32,103				
Service Revenue and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		22,873				
d i	g	Noncash contributions included in lines 1a	-1f: \$						
<u>ම ව</u>	h	Total. Add lines 1a-1f			u	169,319			
nue					Busn. Code				
evel	2a	PROGRAM SERVICE FEE	l			127,883	127,883		
e R	b					64,134	64,134		
rvic	С					37,622	37,622		
Se	d	OTHER EVENTS				12,520	12,520		
ram	е								
Program		All other program service reve		_		242.450			
-		Total. Add lines 2a–2f				242,159	1		T
	3	Investment income (including				186			186
		and other similar amounts)				100			100
	4	Income from investment of tax	•	•					
	5	Royalties(i) Real			ersonal				
	62	Gross rents		(11) FE	risoriai				
		Less: rental exps.							
		Rental inc. or (loss)							
		Net rental income or (loss)	I		11				
	7a	Gross amount from (i) Securities			Other				
		sales of assets other than inventory		() -					
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
	d	Net gain or (loss)			u				
	8a	Gross income from fundraising even							
ğ		(not including \$							
e e		of contributions reported on line 1c							
Other Revenue		See Part IV, line 18	a_						
the	b	Less: direct expenses							
٥	С	Net income or (loss) from fund	draising o	events	u				
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						

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0

11a

b Less: direct expenses

10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

d All other revenue

12 Total revenue. See instructions. . .

e Total. Add lines 11a–11d

b

b

u

u

411,664

242,159

Busn. Code

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all

Secu	On 501(c)(3) and 501(c)(4) organizations must collect if Schedule O contains a respon			npiete column (A).	X
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	Rb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	138,689	88,987	32,917	16,785
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		4		
9	Other employee benefits	10,833	6,951	2,571	1,311
10	Payroll taxes	11,338	7,275	2,691	1,372
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	8,320		8,320	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	80,711	80,087	413	211
12	Advertising and promotion	28,993	12,173	15,895	925
13	Office expenses	8,022	5,767	1,591	664
14	Information technology	1,790	181	1,609	
15	Royalties	10.011		10.170	
16	Occupancy	18,944	765	18,179	
17	Travel	5,158	1,577	3,517	64
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 5 7 2		2 (72	
19	Conferences, conventions, and meetings	3,670		3,670	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	E E C C	055	F 405	
23	Insurance	7,762	275	7,487	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	10 E <i>CA</i>	10 E <i>C</i> 4		
a	MISC EVENT EXPENSES	18,564	18,564		
b	SUPPLIES DECOMES	13,513 9,508	13,513		
C	PROGARM COSTS	6,734	9,508 6,734		
d	LICENSES AND FEES	7,856	4,253	1 625	1 060
	All other expenses	380,405	256,610	1,635 100,495	1,968 23,300
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	300,403	250,010	100,433	43,300
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)if				

Г	ait /				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	121,850	1	44,362
	2	Savings and temporary cash investments	43,969	2	105,711
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	62,249
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ś		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	165,819	16	212,322
	17	Accounts payable and accrued expenses		17	6,225
	18	Grants payable		18	
	19	Deferred revenue		19	8,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 074		1 =00
		of Schedule D	1,274	25	1,793 16,518
	26	Total liabilities. Add lines 17 through 25	1,274	26	16,518
S		Organizations that follow SFAS 117 (ASC 958), check here u X and			
Š		complete lines 27 through 29, and lines 33 and 34.	164 545		105 004
alar	27	Unrestricted net assets	164,545	27	195,804
or Fund Balances	28	Temporarily restricted net assets		28	
Ĕ	29	Permanently restricted net assets		29	
ř		Organizations that do not follow SFAS 117 (ASC 958), check here u and			
ts c	22	complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
Ä	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds	164,545	32 33	195,804
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	165,819		212,322
	J 34	1 Utal Havillies allu Het assets/Iuliu DalaHets	TOO (O T)	J4	

 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 	411, 380,	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting	380,	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		259
5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting	164,	545
6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Investment expenses 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII Financial Statements and Reporting		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting		
Part XII Financial Statements and Reporting		
Part XII Financial Statements and Reporting	195,	804
Check if Schedule O contains a response or note to any line in this Part XII		
		X
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		
reviewed 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?	b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
of the audit, review, or compilation of its financial statements and selection of an independent accountant?	c	
If the organization changed either its oversight process or selection process during the tax year, explain in		
Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
the Single Audit Act and OMB Circular A-133?	a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	.	

Form **990** (2016)

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Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	of	x, unle	Pos check ess pe nd a	erson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other ompensation from the	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		8	organizatio and relate rganizatior	ed
(20) MARY ELLIOT	1 00											
	RECTOR	1.00	x						0	0			C
									2				
1b c	Sub-total							u u					
d	Total (add lines 1b and 1c)							u					
2	Total number of individuals (in reportable compensation from	-		d to	thos	e lis	ted a	bove	e) who received more than	\$100,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"											3 Y	es No
4	For any individual listed on line organization and related organ	e 1a, is the sum nizations greater	of r	eport	table 50,00	con 00? <i>I</i>	npens f "Ye	satio s," c	n and other compensation	from the		4	
5	Did any person listed on line of for services rendered to the o	1a receive or acc	crue	com	pens	sation	n fror	n ar	ny unrelated organization or			5	
	ion B. Independent Contracto	ors											
1	Complete this table for your five compensation from the organization	zation. Report co							lar year ending with or with	in the organization's tax y	ear.		(0)
	Name and	(A) business address							Descript	(B) tion of services		Comp	(C) ensation
											\longrightarrow		
2	Total number of independent of the state of								se listed above) who				
	received more than \$100,000	or compensation	ı fro	n the	e org	janiz	ation	u					QQA (204)

1524 SAN DIEGO COUNTY BICYCLE COALITION

FYE: 12/31/2016

33-0418006

Federal Statements

CHANGE FROM CASH TO ACCRUAL Statement 1 - Form 3115, Page 3, Part II, Line 15 - Description of Applicant's Trade or Business

Description

NON-PROFIT ORGANIZATION WHO'S MISSION IS TO PROMOTE BICYCLING THROUGH EDUCATION. THEY INSTRUCT BICYCLISTS IN SAFE CYCLING PRACTICES THROUGH EDUCATION AND CYCLING EVENTS AS WELL AS PERFORM FEASABILITY STUDIES ASSESSING ENVIRONMENTAL IMPACT FOR PROJECTED BIKE/WALK PROJECTS.

CHANGE FROM CASH TO ACCRUAL

Statement 2 - Form 3115, Page 4, Part I, Line 2a - Income Accrued But Not Received

	Descrip	 Amour	nt	
PROGRAM SE	RVICE	RECEIVABLE	\$ 9	,206
TOTAL			\$ 9	,206

CHANGE FROM CASH TO ACCRUAL

Statement 3 - Form 3115, Page 4, Part I, Line 2c - Expenses Accrued But Not Paid

Description	Amount
ACCOUNTS PAYABLE	\$ -2,455
ACCRUED PAYROLL	-3,077
TOTAL	\$ -5,532

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or Form 990-EZ.

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

2016

Employer identification number

33-0418006

Open to Public Inspection

SAN DIEGO COUNTY BICYCLE COALITION

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part.) See instruction	ns.
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	.)	
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio i	170(b)(1)(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	990-EZ).)		
3	П	A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	(iii).	
4	П	•	·	d in conjunction with a hospital			• •	nospital's name.
·	ш	city, and stat	•	an a	u00000u	000		roopharo mamo,
5		•		of a college or university owned	or operat	ad by a c	overnmental unit described in	
J	Ш	•	(b)(1)(A)(iv). (Complete Part	•	or operar	ed by a g	overnmental unit described in	
6				n.) overnmental unit described in s	oction 1	70/h\/1\/ A	1/14	
6	Н	•					, ,	•
7	Ш	-	section 170(b)(1)(A)(vi). (C	substantial part of its support fro	Jili a gove	emmema	unit or from the general public	J.
8				170(b)(1)(A)(vi). (Complete Part	: II \			
9	Н	-				. d in	iunation with a land arout calla	~~
9	Ш	-	=	cribed in section 170(b)(1)(A)(i of agriculture (see instructions).				ge
		university:	or a normand grant conege t	or agriculture (see matructions).	Line the	riarric, ci	ty, and state of the conege of	
10	X		on that normally receives: (1) more than 33 1/3% of its sup	nort from	contributi	ons membership fees and on	 nes
		_	-	ppt functions—subject to certain				
		•		nd unrelated business taxable in		•	<i>'</i>	
		acquired by t	he organization after June 3	0, 1975. See section 509(a)(2) .	. (Comple	te Part III	.)	
11		An organizati	on organized and operated	exclusively to test for public safe	ety.See s	section 5	09(a)(4).	
12	П	An organizati	on organized and operated of	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	oses
		of one or mo	re publicly supported organization	zations described in section 50	9(a)(1) or	section	509(a)(2). See section 509(a)	(3).
		Check the bo	ox in lines 12a through 12d t	hat describes the type of suppor	rting orga	nization a	nd complete lines 12e, 12f, an	d 12g.
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	l by its su	pported of	organization(s), typically by givi	ing
			• ., .	er to regularly appoint or elect		of the di	rectors or trustees of the	
		supportin	g organization. You must c	omplete Part IV, Sections A a	nd B.			
	b			pervised or controlled in connec				
			•	ting organization vested in the s	same pers	ons that	control or manage the support	ed
			•	Part IV, Sections A and C.		-0	and for all and by the material of	20.
	С			supporting organization operated structions). You must complete				/itn,
	d			 A supporting organization oper 				` '
				e organization generally must sa	-		•	ess
			` ,	nust complete Part IV, Section		•		
	е			eived a written determination fron n-functionally integrated suppor			s a Type I, Type II, Type III	
	f		mber of supported organizati	, , , , , , , ,	ung organ	iizatiori.		
	g		0	ne supported organization(s).				
(i		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
,		ganization	(11) 2.11	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docui	nent?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
r _{a4a}								

33-0418006

Page 2

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 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.)

Sec	tion A. Public Support								
Caler	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
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.			4					
	tion B. Total Support								
Caler	ndar year (or fiscal year beginning in) u	(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		U						
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)				12			
13	First five years. If the Form 990 is for the	•	st, second, third, for	urth, or fifth tax ye	ar as a section 50°	I(c)(3)	. –		
_	organization, check this box and stop her								
Sec	tion C. Computation of Public Se					1			
14	Public support percentage for 2016 (line 6	, column (f) divide	d by line 11, colum	n (f))		14	%_		
15	Public support percentage from 2015 School	edule A, Part II, lin	e 14			15	%		
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, of	check this			
	box and stop here. The organization qual						▶ ∟		
b	33 1/3% support test—2015. If the organ				15 is 33 1/3% or m	ore, check	, _		
	this box and stop here. The organization						▶ ∟		
17a	10%-facts-and-circumstances test—201	_							
	10% or more, and if the organization mee				-				
	Part VI how the organization meets the "fa	acts-and-circumsta	nces" test. The or	ganization qualifies	s as a publicly sup	ported			
	organization						▶ ∟		
b	10%-facts-and-circumstances test—201	•							
	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 organization m	eets the "facts-and	d-circumstances" te	st. The organization	on qualifies as a p	ublicly	. —		
							▶ ∟		
18	Private foundation. If the organization did						, –		
_	instructions	<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	▶ ∟		

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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 qualify under the tests listed below, please complete Part II.)

500	tion A. Public Support	quality under th	e lesis listeu L	lelow, please co	ompiete Fait II.	<u>/</u>	
	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2012	(6) 2010	(6) 2014	(a) 2010	(6) 2010	(i) rotai
•	fees received. (Do not include any "unusual grants.")	81,824	89,792	218,745	74,545	169,319	634,225
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	108,403	130,629	75,692	275,601	242,159	832,484
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	190,227	220,421	294,437	350,146	411,478	1,466,709
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,265				1,265
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		Ó	1			
С	Add lines 7a and 7b		1,265				1,265
8	Public support. (Subtract line 7c from line 6.)		$\mathcal{L}(\mathcal{L}(\mathcal{L}))$				1,465,444
	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	190,227	220,421	294,437	350,146	411,478	1,466,709
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96	119	147	122	186	670
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	96	119	147	122	186	670
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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		220,540	294,584	350,268	411,664	1,467,379
14	First five years. If the Form 990 is for the organization, check this box and stop here	_		-			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8)			n (f))		15	99.87 %
16	Public support percentage from 2015 Sche						99.84 %
	tion D. Computation of Investme						JJ 40 - 74
17	Investment income percentage for 2016 (li	ine 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2015	Schedule A, Part II	II, line 17			18	%
19a	33 1/3% support tests—2016. If the orga		eck the box on line	14, and line 15 is	more than 33 1/3%	%, and line	[==
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2015. If the orga		=				X
	line 18 is not more than 33 1/3%, check th						▶ ∟
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this box	and see instruction	ons	▶ □

Schedule A (Form 990 or 990-EZ) 2016

Page 4

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.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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 benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10h		
A (Fo	10b orm 99	0 or 990-	EZ) 2016

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
OCCL	on B. Type I dupporting organizations		Vaa	Na
	Did the discount front on a second cook of the second control of t		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	on 217th Type in Cupperting Ciganizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
		,		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

me	ergency temporary reduction (see instructions).	6		
	Check here if the current year is the organization's first as a non-functionally integrated	Гуре І	Il supporting organization ((see
	instructions).			

4

5

Schedule A (Form 990 or 990-EZ) 2016

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedu Par	le A (Form 990 or 990-EZ) 2016 SAN DIEGO COUNTY :			006 Page 7
	on D - Distributions	oupporting organiza	are (communacy)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	ses		Guironi Toui
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Continue C. Distribution Allocations (continue transform)	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2016 from Section C, line 6		Pre-2016	Amount for 2016
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
 a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (For	rm 990 or 990-EZ) 2016	SAN DIEGO	COUNTY E	SICYCLE CO	ALITION	33-0418006	Page 8
Part VI						; Part II, line 17a or	
						b, and 11c; Part IV,	
						IV, Section E, lines	
						and 8; and Part V, \$	
	lines 2, 5, and 6.						Jection L,
	111163 Z, J, Aliu U. 7	Also complete triis	part for arry ac	iditional informa	ation. (See ins	iruciioris. <i>j</i>	
				() Y			
				<i>]</i>			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ.

u Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 8	ection 501(c)(4), (5), or (6) organizations: Complete Part III.				
Name	e of organization			Employer ident	ification number
	SAN DIEGO COUNTY BIO	CYCLE COALITION		33-04180	06
Par	t I-A Complete if the organization is exem	pt under section 501(c)	or is a secti	on 527 organization	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. (see in	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions) .			u \$	
3	Volunteer hours for political campaign activities (see instru	ctions)			
Par	t I-B Complete if the organization is exem				
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				
Par	t I-C Complete if the organization is exem		<u> </u>	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	ction		
	activities			u\$	
2	Enter the amount of the filing organization's funds contribute	•			
	527 exempt function activities			u\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent		•		
	line 17b	<u>.</u>		u\$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu				
	organization made payments. For each organization listed,	•	0 0		
	the amount of political contributions received that were pro			•	
	as a separate segregated fund or a political action committee		· •		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					
(')					
(2)					
(-)					
(3)					
(0)					
(4)					
. 7					
(5)					
. ,					
(6)					
. ,					

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 SAN					
Part II-A Complete if the organ	ization is exemp	t under section	501(c)(3) and f	iled Form 5768 (el	ection under
section 501(h)).					
A Check ${f u}$ \prod if the filing organizat	ion belongs to an	affiliated group (a	and list in Part I	V each affiliated gro	oup member's
name, address, EIN	, expenses, and	share of excess lo	obbying expend	itures).	
B Check $\mathbf{u} \; igcap \;$ if the filing organizat	tion checked box	A and "limited cor	ntrol" provisions	apply.	
Limits on Lo	bbying Expendi	tures		(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence	public opinion (grass	roots lobbying)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
al Other average at a company to the company of the			l		
e Total exempt purpose expenditures (add	lines 1c and 1d)				
f Lobbying nontaxable amount. Enter the a					
columns.		ing table in both			
If the amount on line 1e, column (a) or (b)	is: The lobbying no	ntaxable amount is:			
Not over \$500,000	20% of the amour				
Over \$500,000 but not over \$1,000,000		% of the excess over \$5	00,000		
Over \$1,000,000 but not over \$1,500,000	•	% of the excess over \$1			
Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5			
	•	o or the excess over \$1,0	500,000.		
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25°	0				
h Subtract line 1g from line 1a. If zero or le			\ I		
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?					Yes No
	_	ing Period Under	• •		
(Some organizations that made	de a section 501(h) election do not h	nave to complete	all of the five colu	mns below.
	See the separate i	nstructions for lin	es 2a through 2	f.)	
	11 1 5 5	D 1 4 4 4 4			
<u>L</u>	obbying Expendit	ures During 4-Yea	r Averaging Per	ioa	
Calendar year (or fiscal year	() 00/0	42.004	() 00:-	(D 00:-	
beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(13070 OF HITE Zu, COMMITTE (E))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 SAN DIEGO COUNTY BICYCLE COALITION 3	-041	8006			Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).					
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)	(b	<u>) </u>	
description of the lobbying activity.	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
a Volunteers?	. <u>X</u>				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-	X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?	- T			1,	644
j Total. Add lines 1c through 1i					644
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	l(c)(5),	or sec	tion		
501(c)(6).				Tv	Na
4 Mars substantially all (000) or mars) dues received pendeductible by markets?				Yes	No
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1	+	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior years.	 ar?			\vdash	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"				3, is	;
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and malfifed among them and the second		4			
and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A (affiliated group l	rt II-A, lii	nes 1 and	i i		
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
SCHEDULE C, PART II-B, LINE 1					
ATTENDED THE MATTONAL DIVE CHMMIT LODDY DAY _ WACHINGTO	NT DC	I _ 1\T/		G.D	
ATTENDED THE NATIONAL BIKE SUMMIT LOBBY DAY - WASHINGTO	M DC	<u>.</u>) OITH	<u>ък</u>	
ACTIVITIES. EXPENSES INCLUDE AIRFARE AND CONFERENCE FEE	3.				

Schedule C (Forn	n 990 or 990-EZ) 2016	SAN	DIEGO	COUNTY	BICYCLE	COALITION	33-0418006	Page 4
Part IV	Supplemental	Inform	nation (co	ntinued)				
					1			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number SAN DIEGO COUNTY BICYCLE COALITION 33-0418006 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? Part II 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 day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located $u\ \dots$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 held 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 u \$ (ii) Assets included in Form 990, Part X u \$ 2 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:

Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2016 SAN L	TEGO	COUNTY B	TCACT	L COA	PTITON	33-0	410U	00			Р	age ∠
Part III Organizations Maint	aining (Collections of	Art, His	torical 1	Treasures,	or Othe	r Simi	lar As	ssets	(contin	ued)	
Using the organization's acquisition, a collection items (check all that apply)		and other record	ls, check a	ny of the fo	ollowing that a	re a signif	icant us	e of its			,	
a Public exhibition		d 🗌	Loan or e	xchange p	rograms							
b Scholarly research		е 🗀										
c Preservation for future generation	ns											
4 Provide a description of the organiza		ections and explain	n how they	further the	e organization's	s exempt	purpose	in Par	t			
XIII.		·	·		-							
5 During the year, did the organization										□ v ₋		٦ ,,,
Part IV Escrow and Custod			part of the	organizatio	on's collection	<u> </u>				Ye	s _	No
Complete if the organ 990, Part X, line 21.			" on Forr	n 990, P	art IV, line 9	9, or rep	orted a	an am	ount c	n Form	1	
1a Is the organization an agent, trustee,												
										Y€	s _	No
b If "Yes," explain the arrangement in I	Part XIII ai	nd complete the to	ollowing tat	ole:						Λ mount		—
- Destantan halana								4.		Amoun		—
c Beginning balance								1c				—
d Additions during the year								1d				
e Distributions during the year								1e				—
f Ending balance								1f				T
2a Did the organization include an amount in I											· -	No
b If "Yes," explain the arrangement in F Part V Endowment Funds.	an Am. C	neck here ii the e	explanation	nas been	provided on P	ail Aili						
Complete if the organ	ization a	answered "Ves	" on Forr	n 990 P	art IV line	10						
Complete ii the organ		(a) Current year		ior year	(c) Two year		(d) Th	ree years	hack	(e) Fou	vears	hack
1a Beginning of year balance		(a) current year	(5)	lor your	(6) 1 110 year	aro buok	(4)	ico your	Duoit	(6) 1 50	youro	- Duoit
b Contributions				/								
c Net investment earnings, gains, and			1)									
d Grants or scholarships												
e Other expenditures for facilities and												
programs												
f Administrative expenses												
g End of year balance												
2 Provide the estimated percentage of		at year end haland	no (line 1a	column (a)	/) held as:		<u> </u>					
a Board designated or quasi-endowme		" year end balanc	e (iiile 19,	coluinin (a))) Held as.							
b Permanent endowment u												
c Temporarily restricted endowment u		%										
The percentages on lines 2a, 2b, and												
3a Are there endowment funds not in th			ation that a	ire held an	nd administered	for the						
organization by:	o poodoo	norr or the organiz	anon mar c	iro mora am	ia aariii iiotoro	101 1110]	Yes	No
(i) unrelated organizations										3a(i)		
(ii) related organizations										3a(ii)		
b If "Yes" on line 3a(ii), are the related	organizati	ons listed as requ	ired on Sc	nedule R?						3b		
4 Describe in Part XIII the intended us												
Part VI Land, Buildings, and												
Complete if the organ			" on Forn	n 990. P	art IV. line 1	11a. See	Form	990.	Part X	(. line 1	0.	
Description of property		(a) Cost or other			r other basis		Accumulate			(d) Book		
		(investment)		. ,	ther)		epreciation					
1a Land												
b Buildings												
c Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (c		ual Form 990, Pa	rt X, colum	n (B), line	10c.)			u				

Part VII	Investments—Other Securities.		33-0410000	Page .
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial	danimatina		,	
. ,	derivatives Id equity interests			
(0) 011				
/Λ\				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments—Program Related.			
i dit viii	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 Pa	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	(L) Description of infosmion	(a) Book value	Cost or end-of-year	
(1)		4	, , , , , , , , , , , , , , , , , , ,	
(1) (2)		 		
(3)				
(4)				
(5)				
(6)		 		
(7)				
(8)				
(9)	n (h) must squal Form 000. Part V. sql. (P) line 12) zz			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) u Other Assets.			
rail ix	Complete if the organization answered "Yes" on	Form 000 Part IV line	11d Soo Form 000 D	art V lino 15
	(a) Description	TOITH 990, Fait IV, line	; 11u. 3ee 1 0iiii 990, F	(b) Book value
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)			+	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) more than a life of the control			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.	Form 000 Port IV line	110 or 11f Coo Form	OOO Dort V
	Complete if the organization answered "Yes" on	FORM 990, Part IV, IIII	e i le of i ii. See Foilii	990, Part A,
	line 25.	1 425 4 4		
1.	(a) Description of liability	(b) Book value		
	income taxes	1 702		
	T CARD	1,793		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) u	1,793		

Pa	art XI Reconciliation of Revenue per Audited Financi		per Return.	
	Complete if the organization answered "Yes" on Fe			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b		2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	/	4b		
c	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pa	Reconciliation of Expenses per Audited Finance	•	es per Return.	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 12a.	1.1	
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a		
b	* * * * * * * * * * * * * * * * * * * *			
С.	Other losses	2c		
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a				
b	Add Page As and Ab		40	
C 5	,			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information.	line 18.)	5	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information.	and 4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
5 Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part \	, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	7, line 4; Part X, line n.	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	7, line 4; Part X, line n.	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	, line 4; Part X, line n.	
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	, line 4; Part X, line n.	
5 Par Provide 2; Par Provide 3; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Par Provide 2; Par Provide 3; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line in.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line in.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Provided P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Provided P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa Provide 1 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Pa Provide 1 P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	/, line 4; Part X, line n.	
5 Provided P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	and 4; Part IV, lines 1b and 2b; Part Vart to provide any additional information	, line 4; Part X, line n.	

Schedule D (Fo	orm 990) 2016	SAN DIEGO	COUNTY	BICYCLE	COALITION	33-0418006	Page 5
Part XIII	Supplement	al Information	(continued)			33-0418006	
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					4		

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 2016

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

Open to Public

Inspection u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 33-0418006 SAN DIEGO COUNTY BICYCLE COALITION FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ORGANIZATION HAS MEMBERS. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS THE GOVERNING BOARD IS ELECTED BY THE ORGANIZATION'S MEMBERS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ELECTRONIC VERSION IS SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD OFFICIALLY ADOPTED THE CONFLICT OF INTEREST POLICY IN 2014. MEMBERS OF THE BOARD REPORT ANY CONFLICTS AS THEY ARISE. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS KEY EMPLOYEE COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON OWN WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number Name of the organization 33-0418006 SAN DIEGO COUNTY BICYCLE COALITION DESCRIPTION PROGRAM SERVICE MGT & GENERAL **FUNDRAISING** OUTSIDE CONTRACT SERVICES 5,333 OUTSIDE CONTRACT SERVICES 70,184 PAYROLL PROCESSING FEES 374 PAYROLL PROCESSING FEES 437 OTHER EVENTS OUTSIDE CONTRACTORS 3,452 PAYROLL PROCESSING 307 TOTAL 80,087 413 FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION ORGANIZATION CHANGED FROM CASH TO ACCRUAL ACCOUNTING DURING 2016. SEE ATTACHED FORM 3115. PAGE 1 OF 1

1524 07/12/2017 5:31 PM - **3115**

Application for Change in Accounting Method

▶ Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

OMB No. 1545-0152

	nt of the Treasury evenue Service	► Informati	on about Form 3115 and its	s separate in	structio	ns is at www.irs.gov/form	3115.			
	iler (name of parent corpora	ration if a consolidated gro	up) (see instructions)			number (see instructions)	·			
				Pri	ncipal busin	ess activity code number (see instru	ctions)			
SAN	1 DIEGO CO	UNTY BICYC	CLE COALITION				01/01/	<u> </u>		
	treet, and room or suite no.		_			ange begins (MM/DD/YYYY)	01/01/			
	1 6TH AVE	NUE STE 40	02	Tax	x year of ch	ange ends (MM/DD/YYYY)	12/31/	2016	<u> </u>	
City or tov	vn, state, and ZIP code			Na	ime of conta	act person (see instructions)				
SAN	I DIEGO	C	A 92101	A	NDY	HANSHAW				
Name of a	applicant(s) (if different than	n filer) and identification n	umber(s) (see instructions)				Contact person	n's telepho	one num	nber
	., ,,,	,	,				619-98			
If the a	pplicant is a member	r of a consolidated	group, check this box					. u		
If Form	2848, Power of Atto	orney and Declaration	on of Representative, is attach	ned (see instr	uctions fo	or when Form 2848 is				
required	d), check this box							_u [
Check	the box to indicate	the type of applic	ant.	Cł	heck the	appropriate box to indica	te the type			
☐ Ir	ndividual		Cooperative (Sec. 1381)	of	accoun	ting method change being	requested.			
Пс	orporation		Partnership	Se	ee instrud	ctions.				
Пс	ontrolled foreign corpora	ation (Sec. 957)	S corporation		Depred	ciation or Amortization				
$\overline{}$	0/50 corporation (Se		Insurance co. (Sec. 816(a	a)) X		ial Products and/or Financia	al Activities of			
_	ualified personal ser		Insurance co. (Sec. 831)	"	1	al Institutions				
	orporation (Sec. 448		Other (specify) u		1	(specify) u				
	xempt organization.	-				(-1 7)				
	ode section u		501(C)(3)							
		approval of the requ	ested change in method of a	ccounting, the	e taxpaye	er must provide all information	on that is			
	=		uested change in method of					on		
			(2) any other relevant information	-						
	·		atements requested through			,				
Part			tic Change Request							
			c accounting method change	number ("DC	`N"\ for th	he requested automatic			Yes	No
		-	provided for in guidance publis							110
	-		description of the change and	-						
	utomatic change. Se	•	accomplion of the change and	a citation of	uic iito ;	galdance providing the				
			(4) DCN:	(5)	DCN:	(6) DCN:				
			9) DCN: (10) DCN:							
•			9) DCN (10) DCN.	(11)) DCN	(12) DON				
b 0			andianat from Elicothe conse							
		•	applicant from filing the reques	sted change i	using the	automatic change				х
	•	,								_^
	•		and statements required (a) or		nd (b) by	the List of Automatic			v	
	-		questing a change? See instru						X	
Part			form, and, Schedules A through	ugh E, if appl	licable.					- No.
		on for All Req		and the first trans		and the same of th		\longrightarrow	Yes	No
		=	the applicant (a) cease to eng	-	ade or bu	isiness to which the				v
			e its existence? See instruction							X
			he principal method in the tax							37
1.	.381(c)(4)-1(d)(1) or	1.381(c)(5)-1(d)(1))							X
	"No," go to line 6a.									
If			3115 for this change. See ins xamined this application, including accomp		and stateme	nts, and to the hest of my				
	knowledge and belief,	the application contains all	the relevant facts relating to the applicatio	on, and it is true, co						
Cia	preparer (other than a	,	ormation of which preparer has any knowled	edge. I	1					
Sign	Signature of filer (and spouse, if joint return)	Date		Name and title (print or type)				
Here	1									
						KEVIN WOOD				
	🚩					TREASURER				
Prepa					Prepare	er's signature		Date		
(other the	nan JERE E	R. BATTEN,						07/	12/	<u> 17</u>
filer/app				NC						
For Pri	vacy Act and Paper	rwork Reduction A	ct Notice, see the instruction	ons.			Form	3115	(Rev. 1	12-2015

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	Р	age 2
Pa	art II Information for All Requests (continued)	Yes	No
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		
	applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)?		X
	If "No," go to line 7a.		
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to		
	either the applicant or any present or former consolidated group in which the applicant was a member during the		
	applicable tax year(s))? See instructions.		
С	Enter the name and telephone number of the examining agent and the tax year(s) under examination.		
	Name u Telephone no. u Tax year(s) u	-	
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?		
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions.	X	
	If "No," attach an explanation.		
b	If "Yes," check the applicable box and attach the required statement.		
	Not under exam 3-month window 120 day: Date examination ended u		
	Method not before director Negative adjustment CAP: Date member joined group u		
	Audit protection at end of exam Other		
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		37
	applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court?		X
	If "No," go to line 9.		
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or		
	a federal court (for either the applicant or any present or former consolidated group in which the applicant was a		
	member for the tax year(s) the applicant was a member)? See instructions.		
_	If "Yes," attach an explanation.		
С	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,		
	telephone number, and the tax year(s) before Appeals and/or a federal court.		
٨	Name u Telephone no. u Tax year(s) u Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	-	
d	on line 8c?		
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group,		
3	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and		
	(d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,		
	and/or before a federal court.		
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as		
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under		
	consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax		
	return of a partner, member, or shareholder of that entity?		Х
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or		
	non-automatic change procedure) a change in method of accounting within any of the five tax years ending with		
	the tax year of change?		X
	If "No," go to line 12.		
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting		
	(including the tax year of change) and state whether the applicant received consent.		
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not		
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach		
	an explanation.		
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any		
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X
	If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s),		
	(c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the		
	specific issue(s) in the request(s).		
13	Is the applicant requesting to change its overall method of accounting?	X	
	If "Yes," complete Schedule A on page 4 of the form.		

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	<u> </u>	age 3
Pa	Information for All Requests (continued)	Yes	No
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of		
	accounting and changing to a special method of accounting for one or more items, attach a detailed and		
	complete description for each of the following (see instructions):		
а	The item(s) being changed.		
b	The applicant's present method for the item(s) being changed.		
С	The applicant's proposed method for the item(s) being changed.		
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).		
15a	Attach a detailed and complete description of the applicant's trade(s) or business(es).		
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe		
	(i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade		
	or business and any other types of activities engaged in that generate gross income; (iii) the overall method of		
	accounting for each trade or business; and (iv) which trade or business is requesting to change it accounting		
	method as part of this application or a separate application. SEE STATEMENT 1		
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to		
	complete Lines 16a-c.		
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a		
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's		
	situation and that demonstrates that the applicant is authorized to use the proposed method.		
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.		
С	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.		
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements?		
	For insurance companies, see the instructions.	X	
	If "No," attach an explanation.		
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?		X
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of		
	accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or		
	inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.		
	1st preceding 2nd preceding 3rd preceding 3rd preceding 12 / 21 / 12		
	year ended: mo./yr.		
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition		
	to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:		
	4th preceding year ended: mo./yr \$		
Pa	nrt III Information for Non-Automatic Change Request	Yes	No
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or		
	other published guidance as an automatic change request?		
	If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic		
	change procedures.		
21	Attach a copy of all documents related to the proposed change (see instructions).		
22	Attach a statement of the applicant's reasons for the proposed change.		
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the		
	consolidated group use the proposed method of accounting for the item being changed?		
	If "No," attach an explanation.		
24a	Enter the amount of user fee attached to this application (see instructions). u \$		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).		

Forn	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006		<u>F</u>	Page 4
Pa	art IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the			
	requested change in method of accounting on a cut-off basis?			
	If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.			
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in			
	income. u \$ Attach a summary of the computation and an explanation of the methodology			
	used to determine the section 481(a) adjustment. If it is based on more than one component, show the			
	computation for each component. If more than one applicant is applying for the method change on the			
	application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a)			
	adjustment attributable to each applicant.			
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change?			
	If "Yes," check the box for the applicable elective provision used to make the election (see instructions).			
	\$50,000 de minimis election Eligible acquisition transaction election			
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a			
	If "Yes," attach an explanation.			
Sch	edule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	completed.)		
Pa	art I Change in Overall Method (see instructions)			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.			
	Present method: X Cash Accrual Hybrid (attach description)			
	Proposed method: Cash X Accrual Hybrid (attach description)			
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attactive the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attactive the following amounts as of the close of the tax year preceding the year of change.	ch a		
2		ла		
	statement providing a breakdown of the amounts entered on lines 2a through 2g.	An	ount	
	Income account but not received (such as accounts received). CEE CEATEMENT 2			206
а	Income accrued but not received (such as accounts receivable) SEE STATEMENT 2	\$	9,	200
b	Income received or reported before it was earned (such as advanced payments). Attach a description of	NONTE		
	the income and the legal basis for the proposed method	NONE		F 2 6
C	Expenses accrued but not paid (such as accounts payable) SEE STATEMENT 3		-5 ,	332
d	Prepaid expenses previously deducted			
е	Supplies on hand previously deducted and/or not previously reported	NONE		
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	NONE		
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the			
	calculation of the section 481(a) adjustment. u	NONE		
h	Net section 481(a) adjustment (Combine lines 2a-2g.) Indicate whether the adjustment is an increase (+)			
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,			
	line 26.	\$	3,	674
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes	ΧN	0
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable,	as of		
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used w	hen		
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the	;		
	federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part	l,		
	lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach			
	a statement explaining the differences.			
5	Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")?	Yes	ΧN	0
	If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.	_		
Pa	rt II Change to the Cash Method for Non-Automatic Change Request (see instructions)			
Appl	cants requesting a change to the cash method must attach the following information:			
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials	and		
	supplies used in carrying out the business.			
2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regula	tions.		

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
- a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
- **b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- **d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part II Change in Pooling Inventories (continued)

- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change	in the Treatment	of Long-Term	Contracts	Under Secti	on 460,	Inventories,	or	Other
Section 263A Assets	(see instructions)							

<u> </u>	HOI 200A ASSELS (SEE INSTRUCTIONS)				
Pa	rt I Change in Reporting Income From Long-Term Contra	cts (Also complete Pa	t III on pages 7 and	8.)	
1	To the extent not already provided, attach a description of the applicant's present	and proposed methods for	reporting income		
	and expenses from long-term contracts. Also, attach a representative actual contra	act (without any deletion) fo	r the requested		
	change. If the applicant is a construction contractor, attach a detailed description	of its construction activities.		_	
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (s	ee instructions)?	Y	'es _	No
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see installation)	structions)?	Y	'es	No
	If line 2b is "No," attach an explanation.				
С	Is the applicant requesting to use the percentage-of-completion method using cos	t-to-cost under		_	
	Regulations section 1.460-4(b)?		📙 Y	'es	No
d	In computing the completion factor of a contract, will the applicant use the cost-to-	cost method described in		_	
	Regulations section 1.460-5(b) or the simplified cost-to-cost method described in	Regulations section 1.460-5	(c)? Y	'es	No
е	If line 2c is "No," is the applicant requesting to use the exempt-contract percentage	e-of-completion		_	_
	method under Regulations section 1.460-4(c)(2)?		∐ Y	'es	No
	If line 2e is "Yes," attach an explanation of what method the applicant will use to d	etermine a contract's			
	completion factor.				
	If line 2e is "No," attach an explanation of what method the applicant is using and	•		_	_
3a	Does the applicant have long-term manufacturing contracts as defined in section	460(f)(2)?	<u> </u>	'es	No
b	If "Yes," attach a description of the applicant's manufacturing activities, including a	any required installation			
	of manufactured goods.			_	_
4a			Ц Ү	'es	No
b	Does the applicant enter into federal long-term contracts?			es	No
Pa	rt II Change in Valuing Inventories Including Cost Allocation	on Changes (Also cor	nplete Part III on pag	es 7 a	nd 8.)
1	Attach a description of the inventory goods being changed.				
2	Attach a description of the inventory goods (if any) NOT being changed.				٦
3a	Is the applicant subject to section 263A? If "No," go to line 4a.		∐ Y	'es	No
b	Is the applicant's present inventory valuation method in compliance with section 2				٦
	If "No," attach a detailed explanation		<u> </u>	'es _	_ No
4-	Cheal the annumists have in the short	Inventory Method	Being Changed		ry Method ng Changed
4a	Check the appropriate boxes in the chart. Identification methods:	Present method	Proposed method	+	nt method
		Trosent metrod	Troposed method	1 10001	it moulou
	Specific identification FIFO				
	LIFO				
	Other (attach explanation) Valuation methods:				
	Cont				
	Cost or market, whichever is lower				
	Retail cost				
	Retail, lower of cost or market				
	Other (attach explanation)				
b	Enter the value at the end of the tax year preceding the year of change	\$	\$		

- 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- **b** Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- **c** Only for applicants requesting an automatic change. The statement required by section 22.01(5) of Rev. Proc. 2015-14 (or its successor).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor		NA
3 Indirect labor		NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities		
placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance		NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental		
expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NT 70	NA
24 Capitalizable service costs (including mixed service costs)		NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NT 2	NA
28 Other costs (Attach a list of these costs.)		NA

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses	NA	NA
2	Research and experimental expenses not included in Section B, line 26	NA	NA
3	Bidding expenses not included in Section B, line 22	NA	NA
4	General and administrative costs not included in Section B	NA	NA
5	Income taxes	NA	NA
6		NA	NA
7	Warranty and product liability costs	NA	NA
8	Section 179 costs	NA	NA
9	On-site storage	NA	NA
10	Depreciation, amortization, and cost recovery allowance not included in Section B,		
	line 11	NA	NA
11	Other costs (Attach a list of these costs.)	NA	NA

Schedule E-Change in Depreciation or Amortization. See instructions.

Appli	cants requesting approval to change their method of accounting for depreciation or amortization complete this section.		
Appli	cants must provide this information for each item or class of property for which a change is requested.		
Note	: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information regarding		
autor	natic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect to		
certa	in late elections and election revocations. See instructions.		
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?	Yes	No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).		
2	Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A?	Yes	No
	If "Yes," enter the applicable section ${f u}$		
3	Has a depreciation, amortization, expense, or disposition election been made for the property such as,		
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?	Yes	No
	If "Yes," state the election made ${f u}$		
4a	To the extent not already provided, attach a statement describing the property subject to the change. Include in the description		
	the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or		
	income-producing activity.		
b	If the property is residential rental property, did the applicant live in the property before renting it?	Yes	No
С	Is the property public utility property?	Yes	No
5	To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the		

- property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- **c** The facts to support the asset class for the proposed method.
- **d** The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property.
- f The applicable convention of the property.
- g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
- h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

034 DO NOT MAIL THIS FORM TO THE FTB Date Accepted California e-file Return Authorization for TAXABLE YEAR **Exempt Organizations** 8453-EO 2016 Exempt Organization name Identifying number SAN DIEGO COUNTY BICYCLE COALITION 33-0418006 Electronic Return Information (whole dollars only) 411,664 1 Total gross receipts (Form 199, line 4) 2 Total gross income (Form 199, line 8) 411,664 3 Total expenses and disbursements (Form 199, Line 9) 380,405 Part II Settle Your Account Electronically for Taxable Year 2016 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/yyyy) Part III Banking Information (Have you verified the exempt organization's banking information?) 5 Routing number 6 Account number **7** Type of account: Checking Savings Part IV Declaration of Officer I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay. Sign Here Signature of officer

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature U	Date	also paid preparer	if self- employed	P00605586
Must Sign	Firm's name (or yours if self-employed) BATTEN ACCOUNTANC	Y INC			FEIN
	and address undaddress	CA			ZIP code 92107-1420
	s of perjury, I declare that I have examined the above organization and belief, they are true, correct, and complete. I make this declar		, ,		d to the best of
Paid	Paid preparer's signature U	Da	ate	Check if self- employed	Paid preparer's PTIN
Preparer Must	Firm's name (or yours				FEIN
Sign	and address				ZIP code

TAXABLE YEAR California Exempt Organization 2016 Annual Information Return

____FORM

199

Colondor Voc	y 2016 or fixed year basinning (my	~ /dd/ a a a)	and anding (mm/d	اط (م م م ر)		
Corporation/Organi	er 2016 or fiscal year beginning (mr	п/аа/уууу)	, and ending (mm/d	u/yyyy)	Californ	ia corporation number
Corporation/Organi		COUNTY BICYCLE CO	AT TOTOM			57596
Additional informat	tion. See instructions.	COUNTY BICYCLE CO	ALLITON		FEIN	0/090
Additional information	uon. See instructions.					0410006
Street address (su	ito or room)				33-	0418006
,	,	2				PMB no.
	STH AVENUE STE 40				State	7in anda
City	TEGO					Zip code 92101
SAN D		Foreign province/state/county			CA	
Foreign country na	ame	Foreign province/state/county				Foreign postal code
A First Retu	uro		1 1/ 1 2070.0			
	ırn Return		J If exempt under R&TC S			
	on 4947(a)(1) trust		engaged in political activ ${\bf K}$ Is the organization exempt			·····
	nation Return?	I les ZI NO	If "Yes," enter the gross re			noige I Tes INO
	issolved Surrendered (Withdraw	n) Merged/Reorganized	•	•		¢
	: (mm/dd/yyyy) I	ivierged/Reorganized	Sources. L If organization is exer			Ψ
		X Accrual (3) Other	meets the filing fee e	•		
		990-PF (3) I Sch H (990)	No filing fee is require	•		
	Other 990 series	556 11 (6) 1	M Is the organization a			······· H
• • • ш	roup filing? See instructions	I ∏Yes X No	N Did the organization fi		•	. ,
	ganization in a group exemption	······	report taxable income			
_	what is the parent's name?		O Is the organization und			
	mat is the parente mane.		IRS audited in a prior	,		
Did the org	janization have any changes to its guidel	ines not reported	P Is federal Form 1023/	-		
_	? See instructions.	. Dv. V.	Date filed with IRS		,	
	omplete Part I unless not require					
		other sources. From Side 2, Part		ı	1	242,345 00
	2 Gross dues and assessmen			·	2	00
		rants, and similar amounts received		······ ₁	3	169,319 00
Receipts	1	requirement test. Add line 1 throu				*
and	, ,	ed. If the result is less than \$50,00	•	ion B I	4	411,664 00
Revenues	F Cook of mondo cold	I 5		0.0		
	6 Cost or other basis, and sales ex	kpenses of assets sold		0.0		
	7 Total costs. Add line 5 and I		•		7	0.0
	8 Total gross income. Subtract	t line 7 from line 4			8	411,664 00
Evnances	9 Total expenses and disburse	ements. From Side 2, Part II, line 1	8	ı	9	380,405 00
Expenses	10 Excess of receipts over expe	enses and disbursements. Subtract	l line 9 from line 8	1	10	31,259 00
	11 Total payments			1	11	0.0
	12 Use tax. See General Instru			ı [12	00
	13 Payments balance. If line 11	is more than line 12, subtract line		I [13	00
Filing Fee	14 Use tax balance. If line 12 is	s more than line 11, subtract line 11	from line 12	I [14	00
_	15 Filing fee \$10 or \$25. See G	General Instruction F			15	00
	16 Penalties and Interest. See				16	00
	17 Balance due. Add line 12, l	ine 15, and line 16. Then subtract l	ine 11 from the result	.	17	00
Cian		have examined this return, including accompar preparer (other than taxpayer) is based on all				y knowledge and belief, it is
Sign	•	Title	iniormation of which preparer	Date	eage.	II Telephone
Here	Signature of officer u	TREASURER		Dato		858-487-6063
	Preparer's		Date	Check if self-		I PTIN
Paid	signature U		07/12/2017	employed ,,		P00605586
Preparer's	Firm's name BATTEN	ACCOUNTANCY INC				I FEIN
Use Only	(or yours, if $\frac{u}{4696}$ GF	REENE ST				I Telephone
•	seit-employed)	EGO, CA 92107-142	20			619-501-6359
		with the preparer shown above? S				I Yes No
	I may the FTD discuss this return	with the preparer shown above?	ACC III GUI UCUOTIO			· 163 INU

034 3651164 Form 199 c1 2016 **Side 1**

SAN DIEGO COUNTY BICYCLE COALITION 33-0418006

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from all b	ousiness activities. Se	e instr	ructio	ns	I	1	242,159	00
		2	Interest						2	186	00
Red	ceipts	3	Dividends					1	3		00
fror	m	4	Gross rents					1	4		00
Oth	ner	5	Gross royalties					1	5		00
Sou	urces	6	Gross amount received from sale of as	ssets (See Instructions)				1	6		00
		7	Other income. Attach schedule					1	7		00
		8	Total gross sales or receipts from other sou	rces. Add line 1 through line	7. Enter	here a	and on Side 1, Part I,	line 1	8	242,345	00
		9	Contributions, gifts, grants, and similar amount						9		00
		10	Disbursements to or for members	· · · · · · · · · · · · · · · · · · ·				I	10		00
		11	Disbursements to or for members Compensation of officers, directors, and trus	stees. Attach schedule	SE	Œ	STATEMEN	Т1 і	11		00
		12	Other salaries and wages					I	12	138,689	00
Exp	enses	13						I	13		00
and	t	14	Taxes					I	14	8,957	00
Dis	burse-	15	Rents					I	15	18,944	00
me	nts	16		instructions)				1	16		00
		17	Other Expenses and Disbursements. A	Attach schedule.	SE	Œ	STATEMEN	Т 2 і	17	213,815	00
			Total expenses and disbursements. Ac						18	380,405	
Sc	hedule	•	Balance Sheet	Beginning of					d of ta	xable year	
Ass	sets			(a)			(b)	(c)		(d)	
1	Cash						165,819			150,0	73
2	Net acc	ounts	receivable							62,2	49
3	Net notes	s recei	vable.							ı	
	Inventori									ı	
5	Federal an	d state	ations							ı	
6			other bonds							ı	
			n stock								
8	Mortgage	loans	;							ı	
9	Other inve		S							ı	
10	a Depre	eciable	assets								
	b Less	accum	nulated depreciation ()				()	
11	Land										
12	Other asse	ate								ı	
13	Total as	ssets					165,819			212,3	22
			et worth								
14	Account	s pay	/able							6,2	25
15	Contributi	ons, g	ifts, or grants payable							l l	
16	Bonds and	l notes	payable							l l	
17	Mortgage	s paya	able							l	
18	Other liabi Attach sch	ilities. edule	STMT 3				1,274			10,2	93
19	Capital s	stock	or principal fund							l	
20	Paid-in or Attach rec									ı	
21	Retained	earnin	ngs or income fund				164,545			195,8	04
			es and net worth				165,819			212,3	
Sc	hedule	M-1	Reconciliation of income per	books with income	per re	eturn				•	
			Do not complete this schedule								
			er books	31,	<u> </u>	7		on books this yea	ar		
	Federal			<u> </u>		-	not included in th	is return. Attach			
			al losses over capital gains	<u>I</u>							
4			ecorded on books this year.			8		s return not charg			
_			ule	l .			-	ome this year. Atta			
5			corded on books this year				schedule				
			in this return.			9		7 and line 8			
			ule	21	250	10	Net income pe			21 0	ΕC
6	Total. A	dd lin	e 1 through line 5	31,	<u> 459</u>		Subtract line 9	from line 6		31,2	<u> </u>

Side 2 Form 199 c1 2016 034 3652164

California Statements

FYE: 12/31/2016

33-0418006

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address	
City	State Zip Title	Avg Compensation Hrs Amount
KEVIN WOOD	3675 LOUISIANA STREET	
SAN DIEGO	CA 92104 TREASURER	1.00
ROBERT LEONE	3548 DEL RAY ST #9	
SAN DIEGO	CA 92109 DIRECTOR	1.00
MYLES POMEROY	6352 CAMINITO DEL CERVATO	
SAN DIEGO	CA 92111 DIRECTOR	1.00
SERGE ISSAKOV	7539 CABRILLO AVE	
LA JOLLA	CA 92037 DIRECTOR	1.00
CARL EBERT	108 JARRETT LANE	
EL CAJON	CA 92021 DIRECTOR	1.00
JIM BAROSS	3335 N. MOUNTAIN VIEW DR	
SAN DIEGO	CA 92116 DIRECTOR	1.00
RANDY VAN VLECK	1512 30TH STREET	1 00
SAN DIEGO	CA 92102 DIRECTOR	1.00
JENNIFER ERWIN	1111 6TH AVE, SUITE 402	
SAN DIEGO	CA 92101 DIRECTOR	1.00
KHALISA BOLLING	3509 LOUISUANA ST	0.00
SAN DIEGO	CA 92104 CHAIR	2.00
TONY MORRISON	1111 6TH AVE, SUITE 402	1 00
SAN DIEGO	CA 92101 DIRECTOR	1.00
MARIA OLIVAS	PO BOX 83012	1 00
SAN DIEGO	CA 92138 SECRETARY	1.00
DAVE NICHOLS	1111 6TH AVENUE #402	1 00
SAN DIEGO	CA 92101 DIRECTOR	1.00
BERNARD BOGARD	1111 6TH AVENUE, SUITE 402	1 00
SAN DIEGO	CA 92101 DIRECTOR	1.00
KATIE CRIST	1111 6TH AVE SUITE 402	1 00
SAN DIEGO	CA 92101 VICE CHAIR	1.00
DAVE CAMPILARGO	1111 6TH AVE., SUITE 402	1 00
SAN DIEGO	CA 92101 DIRECTOR	1.00
SUZY MURPHY	1111 6TH AVE., SUITE 402	1 00
SAN DIEGO	CA 92101 DIRECTOR	1.00
DOUGLAS ALDEN	1111 6TH AVE., SUITE 402	1 00
SAN DIEGO	CA 92102 DIRECTOR	1.00

1524 SAN DIEGO COUNTY BICYCLE COALITION

HON

7/12/2017 5:31 PM

33-0418006

California Statements

FYE: 12/31/2016

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation (continued)

	Name	Address			
	City	State Zip	Title	Avg Compensation Hrs Amount	
VI NGUYEN		1111 6TH AVE., SUITE 402			
	SAN DIEGO	CA 92102 DIRECTO	OR	1.00	
JIM BAROSS `		1111 6TH AVE., SUITE 402			
	SAN DIEGO	CA 92101 DIRECTO	OR	1.00	
MARY ELLIOT		1111 6TH AVE., SUITE 402			
	SAN DIEGO	CA 92101 DIRECT	OR .	1.00	
TOTAL				0	

1524 SAN DIEGO COUNTY BICYCLE COALITION 33-0418006 California Statements

FYE: 12/31/2016

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	\$
TOUR DE FAT	0.21
ADVERTISING	931
SUPPLIES REFRESHMENTS	13,513 142
REFRESHMENIS	142
OTHER EVENTS	
WORKERS COMP INSURANCE	211
EMPLOYEE BENEFITS	1,698
PRINTING & COPYING	2,647
POSTAGE	19
TRAVEL	3
ADVERTISING	935
WEBSITE OUTSIDE CONTRACTORS	2,650 3,452
PAYROLL PROCESSING	307
MISC EVENT EXPENSES	18,564
REFRESHMENTS	203
WORKERS' COMP INSURANCE	203
BIKE THE BAY LIABILITY	275
MERCHANT FEES	5
MISC EVENT EXPENSES	792
WORKERS COMP INSURANCE	686
WORKERS COMP INSURANCE	300
PAYROLL TAX EXPENSE	6,499
PAYROLL TAX EXPENSE	2,841
ACCOUNTING	8,320
OUTSIDE CONTRACT SERVICES	5,333
OUTSIDE CONTRACT SERVICES	70,184
PAYROLL PROCESSING FEES	998
POSTAGE PRINTING	280 583
PRINTING	2,962
TRAVEL	3,710
TRAVEL	1,445
CONFERENCES/CONVENTIONS	3,670
LICENSE, FEES & PERMITS	75
MEMBERSHIP DUES	1,232
MERCHANT FEES	1,512
DUES AND SUBSCRIPTIONS	90
SUPPLIES	159
MARKETING	21,418
OFFICE SUPPLIES	1,415
WEBSITE & INTERNET	1,790
INSURANCE EMPLOYEE HEALTH INSURANCE	7,487 5,523
EMPLOYEE HEALTH INSURANCE	2,415
PAYROLL PROCESSING FEES	437
POSTAGE	69
BANK FEES	32
MEMBERSHIP DUES	2,100
PROGARM COSTS	9,508

1524 SAN DIEGO COUNTY BICYCLE COALITION 33-0418006

FYE: 12/31/2016

California Statements

Statement 2 - Form 199, Part II, Line 17 - Other Expenses (continued)

Description		Amount
PROGRAM COSTS	\$	26
STAFF DEVELOPMENT		226
SUPPLIES		1,037
MARKETING		3,059
OFFICE SUPPLIES		47
TOTAL	\$_	213,815

Statement 3 - Form 199, Schedule L, Line 18 - Other Liabilities

Description	Beginning of Year	End of Year
CREDIT CARD DEFERRED REVENUE	\$ 1,274	\$ 1,793 8,500
TOTAL	\$ 1,274	\$ 10,293

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Application for Change in Accounting Method

▶ Information about Form 3115 and its separate instructions is at www.irs.gov/form3115.

OMB No. 1545-0152

Department of the Internal Revenue	, i	► Informat	ion about Form 3115 and its	separate ins	structio	ons is at www.irs.gov/form	3115.			
Name of filer (name of parent corporation if a consolidated group) (see instructions)		Identification number (see instructions) 33-0418006								
G111 D	SAN DIEGO COUNTY BICYCLE COALITION			Prin	cipal bus	iness activity code number (see instru	ctions)			
							01/01/	2017		
		If a P.O. box, see the in			:	change begins (MM/DD/YYYY)	01/01/			
		UE STE 40	J <u>Z</u>			change ends (MM/DD/YYYY)	12/31/	2016		
City or town, state	e, and ZIP code			Nan	ie of con	ntact person (see instructions)				
SAN D	IEGO	C	A 92101							
				Al	MDY	HANSHAW				
Name of applican	t(s) (if different than	filer) and identification r	number(s) (see instructions)				Contact person 619-98			ber
If the applicar	nt is a member	of a consolidated	group, check this box				1		/ 0 0	
			on of Representative, is attach					<u> </u>		
required), che		,	,	(u	7	
Check the be	ox to indicate t	he type of applic	ant.	Ch	eck the	e appropriate box to indica	te the type			
Individu	ıal		Cooperative (Sec. 1381)	of	accou	nting method change being	requested.			
Corpora	ation		Partnership	Sec	e instru	uctions.				
Controlle	ed foreign corporat	ion (Sec. 957)	S corporation		Depre	eciation or Amortization				
10/50	corporation (Sec	:. 904(d)(2)(E))	Insurance co. (Sec. 816(a))) X	Finan	cial Products and/or Financia	al Activities of			
Qualifie	ed personal serv	rice	Insurance co. (Sec. 831)		Finan	cial Institutions				
	ation (Sec. 448(Other (specify) u		Other	(specify) u				
X Exempt	t organization. E	Inter								
	section u		501(C)(3)							
	_		uested change in method of ac							
			quested change in method of a	_				on		
	-		(2) any other relevant informat			cilically requested on Form 3	115.			
Part I			tatements requested through	out this forn	1.					
			atic Change Request		III\	the manufactured and an extension of the		$\overline{}$	Yes	No
		-	ic accounting method change					-	162	NO
_	-		provided for in guidance publis	-						l
	atic change. See		description of the change and	a Citation of t	ie iks	guidance providing the				
			(3) DCN: (4) DCN:	(5)	DCN-	(6) DCN:				
(7) DCI	N: (2)	DCN:	(3) DCN: (4) DCN: (9) DCN: (10) DCN:	(11)	DCN.	(12) DCN:				l
b Other	Description		(0) 2014.	(**)	2011.	(12) BOTT.	•			l
			applicant from filing the reques	sted change u	sina th	e automatic change				l
,	0 ,		attach an explanation		g	g-				х
3 Has the	e filer provided a	all the information	and statements required (a) or	n this form an	d (b) b	y the List of Automatic				
Change	es under which t	the applicant is re	questing a change? See instru	ictions.					Х	
Note: C			s form, and, Schedules A throu	ugh E, if appli						
Part II	Informatio	n for All Req	uests						Yes	No
4 During	the tax year of o	change, did or will	the applicant (a) cease to eng	age in the tra	de or b	ousiness to which the		J		
request	ted change relat	es, or (b) termina	te its existence? See instruction	ons.						Х
			the principal method in the tax			=				
1.381(c	c)(4)-1(d)(1) or	1.381(c)(5)-1(d)(1)	?							Х
	go to line 6a.									
			3115 for this change. See ins							
kı	nowledge and belief, the	né application contains all	examined this application, including accomp, the relevant facts relating to the application formation of which preparer has any knowle	n, and it is true, co						
Sign		nd spouse, if joint return		Date		Name and title (print or type)				
Here	,	-]				
						KEVIN WOOD				
						TREASURER				
Preparer	Print/Type prepa				Prepa	arer's signature		Date		
(other than	JERE R							07/1	L2/	17
filer/applicant)	Firm's name U	ı BATTEN	ACCOUNTANCY I	NC .						

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	Р	age 2			
Pa	art II Information for All Requests (continued)	Yes	No			
6a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the					
	applicable tax year(s)) have any federal income tax return(s) under examination (see instructions)?		_X_			
	If "No," go to line 7a.					
b	Is the method of accounting the applicant is requesting to change an issue under consideration (with respect to					
	either the applicant or any present or former consolidated group in which the applicant was a member during the					
	applicable tax year(s))? See instructions.					
С	Enter the name and telephone number of the examining agent and the tax year(s) under examination.					
	Name u Telephone no. u Tax year(s) u					
d	Has a copy of this Form 3115 been provided to the examining agent identified on line 6c?					
7a	Does audit protection apply to the applicant's requested change in method of accounting? See instructions.	X				
	If "No," attach an explanation.					
b	If "Yes," check the applicable box and attach the required statement.					
	Not under exam 3-month window 120 day: Date examination ended u					
	Method not before director					
	Audit protection at end of exam Other					
8a	Does the applicant (or any present or former consolidated group in which the applicant was a member during the		37			
	applicable tax year(s)) have any federal income tax return(s) before Appeals and/or a federal court?		X			
	If "No," go to line 9.					
b	Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or					
	a federal court (for either the applicant or any present or former consolidated group in which the applicant was a					
	member for the tax year(s) the applicant was a member)? See instructions.					
_	If "Yes," attach an explanation.					
С	If "Yes," enter the name of the (check the box) Appeals officer and/or counsel for the government,					
	telephone number, and the tax year(s) before Appeals and/or a federal court.					
ч	Name u Telephone no. u Tax year(s) u Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified	-				
d	on line 8c?					
9	If the applicant answered "Yes" to line 6a and/or 8a with respect to any present or former consolidated group,					
3	attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and					
	(d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office,					
	and/or before a federal court.					
10	If for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as					
	a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under					
	consideration in an examination, before Appeals, or before a federal court, with respect to a federal income tax					
	return of a partner, member, or shareholder of that entity?		Х			
11a	Has the applicant, its predecessor, or a related party requested or made (under either an automatic or					
	non-automatic change procedure) a change in method of accounting within any of the five tax years ending with					
	the tax year of change?		X			
	If "No," go to line 12.					
b	If "Yes," for each trade or business, attach a description of each requested change in method of accounting					
	(including the tax year of change) and state whether the applicant received consent.					
С	If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not					
	signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach					
	an explanation.					
12	Does the applicant, its predecessor, or a related party currently have pending any request (including any					
	concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?		X			
	If "Yes," for each request attach a statement providing (a) the name(s) of the taxpayer, (b) identification number(s),					
	(c) the type of request (private letter ruling, change in method of accounting, or technical advice), and (d) the					
	specific issue(s) in the request(s).					
13	Is the applicant requesting to change its overall method of accounting?	X				
	If "Yes," complete Schedule A on page 4 of the form.					

Form	3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006	F	age 3		
Pa	Information for All Requests (continued)	Yes	No		
14	If the applicant is either (i) not changing its overall method of accounting, or (ii) changing its overall method of				
	accounting and changing to a special method of accounting for one or more items, attach a detailed and				
	complete description for each of the following (see instructions):				
а	The item(s) being changed.				
b	The applicant's present method for the item(s) being changed.				
С	The applicant's proposed method for the item(s) being changed.				
d	The applicant's present overall method of accounting (cash, accrual, or hybrid).				
15a	15a Attach a detailed and complete description of the applicant's trade(s) or business(es).				
b	If the applicant has more than one trade or business, as defined in Regulations section 1.446-1(d), describe				
	(i) whether each trade or business is accounted for separately; (ii) the goods and services provided by each trade				
	or business and any other types of activities engaged in that generate gross income; (iii) the overall method of				
	accounting for each trade or business; and (iv) which trade or business is requesting to change it accounting				
	method as part of this application or a separate application. SEE STATEMENT 1				
	Note: If you are requesting an automatic method change, see the instructions to see if you are required to				
	complete Lines 16a-c.				
16a	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a				
	detailed and complete description of the facts that explains how the law specifically applies to the applicant's				
	situation and that demonstrates that the applicant is authorized to use the proposed method.				
b	Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method.				
С	Include either a discussion of the contrary authorities or a statement that no contrary authority exists.				
17	Will the proposed method of accounting be used for the applicant's books and records and financial statements?				
	For insurance companies, see the instructions.	х			
	If "No," attach an explanation.				
18	Does the applicant request a conference with the IRS National Office if the IRS National Office proposes an adverse response?		х		
19a	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of				
	accounting for any property subject to section 263A, any long-term contract subject to section 460 (see 19b), or				
	inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change.				
	1st preceding year ended: mo./yr. 12/31/15 2nd preceding year ended: mo./yr. 12/31/14 3rd preceding year ended: mo./yr. 12/31/13				
	\$ 350,268 \$ 294,584 \$ 220,540				
b	If the applicant is changing its method of accounting for any long-term contract subject to section 460, in addition				
	to completing 19a, enter the applicant's gross receipts for the 4th tax year preceding the tax year of change:				
	4th preceding year ended: mo./yr. \$				
	<u> </u>				
Pa	rt III Information for Non-Automatic Change Request	Yes	No		
20	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or				
	other published guidance as an automatic change request?				
	If "Yes," attach an explanation describing why the applicant is submitting its request under the non-automatic				
	change procedures.				
21	Attach a copy of all documents related to the proposed change (see instructions).				
22	Attach a statement of the applicant's reasons for the proposed change.				
23	If the applicant is a member of a consolidated group for the year of change, do all other members of the				
	consolidated group use the proposed method of accounting for the item being changed?				
	If "No," attach an explanation.				
24a	Enter the amount of user fee attached to this application (see instructions). ${f u}$ \$				
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).				

Forn	1 3115 (Rev. 12-2015) SAN DIEGO COUNTY BICYCLE COALITION 33-0418006		F	Page 4
Pa	art IV Section 481(a) Adjustment		Yes	No
25	Does published guidance require the applicant (or permit the applicant and the applicant is electing) to implement the			
	requested change in method of accounting on a cut-off basis?			X
	If "Yes," attach an explanation and do not complete lines 26, 27, and 28 below.			
26	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in			
	income. u \$ Attach a summary of the computation and an explanation of the methodology			
	used to determine the section 481(a) adjustment. If it is based on more than one component, show the			
	computation for each component. If more than one applicant is applying for the method change on the			
	application, attach a list of the (a) name, (b) identification number, and (c) the amount of the section 481(a)			
	adjustment attributable to each applicant.			
27	Is the applicant making an election to take the entire amount of the adjustment into account in the tax year of change?			х
	If "Yes," check the box for the applicable elective provision used to make the election (see instructions).			
	\$50,000 de minimis election Eligible acquisition transaction election			
28	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a			
	consolidated group, a controlled group, or other related parties?			х
	If "Yes," attach an explanation.			
Sch	ledule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be	e completed.)		
Pa	art I Change in Overall Method (see instructions)			
1	Check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting.			
	Present method: X Cash Accrual Hybrid (attach description)			
	Proposed method: Cash X Accrual Hybrid (attach description)			
2	Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, atta	ach a		
_	statement providing a breakdown of the amounts entered on lines 2a through 2g.	on a		
	statement providing a breakdown of the amounts entered on lines 22 through 29.	An	nount	
2	Income accrued but not received (such as accounts receivable) SEE STATEMENT 2	\$		206
a	Income received or reported before it was earned (such as advanced payments). Attach a description of	. Ф		200
b		NONE		
•	the income and the legal basis for the proposed method		-5,	532
C	Expenses accrued but not paid (such as accounts payable) SEE STATEMENT 3	NONE	-5,	<u> </u>
d	Prepaid expenses previously deducted			
e	Supplies on hand previously deducted and/or not previously reported	NONE		
f	Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	NONE		
g	Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the	NONTE		
	calculation of the section 481(a) adjustment. u	NONE		
h	Net section 481(a) adjustment (Combine lines 2a-2g.) Indicate whether the adjustment is an increase (+)			
	or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV,		_	c 77 /
	line 26.	. \$	3,	674
•	In the small and also assess that the small as the small as the small as a street AAA/(b.)(0)0	□ v	ΧN	I =
3	Is the applicant also requesting the recurring item exception under section 461(h)(3)?	Yes Yes	ΧN	0
4	Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable,			
	the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used v			
	preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the			
	federal income tax return or other return (such as, tax-exempt organization returns) for that period. If the amounts in Part	I,		
	lines 2a through 2g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach			
	a statement explaining the differences.			
5	Is the applicant making a change to the overall cash method under Rev. Proc. 2002-28 (DCN "33")?	. Yes	ΧN	0
_	If "Yes," attach a statement that provides the applicant's NAICS code. See instructions.			
	art II Change to the Cash Method for Non-Automatic Change Request (see instructions)			
	icants requesting a change to the cash method must attach the following information:			
1	A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials	and		
_	supplies used in carrying out the business.			
2	An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regula	ations.		

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the deferral method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
- a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
- **b** If the applicant is filing under the automatic change procedures, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
- c If the applicant is filing under the non-automatic change procedures, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following information:
- a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
- **b** A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
- c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
- **d** A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)

Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970,** Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
- a Valuing inventory (for example, unit method or dollar-value method).
- **b** Pooling (for example, by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.).
- c Pricing dollar-value pools (for example, double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current-year cost of goods in the ending inventory (such as, most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, rolling-average cost, or other permitted method).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations sections 1.472-8(b)(1) and (2):
- a A description of the types of products produced by the applicant. If possible, attach a brochure.
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
- **f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.

Part II Change in Pooling Inventories (continued)

- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Schedule D—Change	in the Treatment	of Long-Term	Contracts	Under Secti	on 460,	Inventories,	or	Other
Section 263A Assets	(see instructions)							

<u> </u>	HOI 200A ASSELS (SEE INSTRUCTIONS)						
Pa	rt I Change in Reporting Income From Long-Term Contra	cts (Also complete Pa	t III on pages 7 and	8.)			
1	To the extent not already provided, attach a description of the applicant's present	and proposed methods for	reporting income				
	and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested						
	change. If the applicant is a construction contractor, attach a detailed description of its construction activities.						
2a	Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (s	ee instructions)?	Y	'es _	No		
b	If "Yes," do all the contracts qualify for the exception under section 460(e) (see installation)	structions)?	Y	'es	No		
	If line 2b is "No," attach an explanation.						
С	Is the applicant requesting to use the percentage-of-completion method using cos	t-to-cost under		_			
	Regulations section 1.460-4(b)?		📙 Y	'es	No		
d	In computing the completion factor of a contract, will the applicant use the cost-to-	cost method described in		_			
	Regulations section 1.460-5(b) or the simplified cost-to-cost method described in	Regulations section 1.460-5	(c)? Y	'es	No		
е	If line 2c is "No," is the applicant requesting to use the exempt-contract percentage	e-of-completion		_	_		
	method under Regulations section 1.460-4(c)(2)?		∐ Y	'es	No		
	If line 2e is "Yes," attach an explanation of what method the applicant will use to d	etermine a contract's					
	completion factor.						
	If line 2e is "No," attach an explanation of what method the applicant is using and	•		_	_		
3a	Does the applicant have long-term manufacturing contracts as defined in section	460(f)(2)?	<u> </u>	'es	No		
b	If "Yes," attach a description of the applicant's manufacturing activities, including a	any required installation					
	of manufactured goods.						
4a			Ц Ү	'es	No		
b	Does the applicant enter into federal long-term contracts?			es	No		
Pa	rt II Change in Valuing Inventories Including Cost Allocation	on Changes (Also cor	nplete Part III on pag	es 7 a	nd 8.)		
1	Attach a description of the inventory goods being changed.						
2	Attach a description of the inventory goods (if any) NOT being changed.				٦		
3a	Is the applicant subject to section 263A? If "No," go to line 4a.		∐ Y	'es	No		
b	Is the applicant's present inventory valuation method in compliance with section 2				٦		
	If "No," attach a detailed explanation		<u> </u>	'es _	_ No		
4-	Cheal the annumists have in the short	Inventory Method	Being Changed		ry Method ng Changed		
4a	Check the appropriate boxes in the chart. Identification methods:	Present method	Proposed method	+	nt method		
		1 Tosciil Metrod	Troposed method	1 10001	it moulou		
	Specific identification FIFO						
	LIFO						
	Other (attach explanation) Valuation methods:						
	Cont						
	Cost or market, whichever is lower						
	Retail cost						
	Retail, lower of cost or market						
	Other (attach explanation)						
b	Enter the value at the end of the tax year preceding the year of change	\$	\$				

- 5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
- a Copies of Form(s) 970 filed to adopt or expand the use of the method.
- **b** Only for applicants requesting a non-automatic change. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method.
- **c** Only for applicants requesting an automatic change. The statement required by section 22.01(5) of Rev. Proc. 2015-14 (or its successor).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460.) See instructions.

Section A-Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate direct and indirect costs required to be allocated to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (for example, specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (for example, direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 Except for long-term contract accounting methods, the method of capitalizing additional section 263A costs (for example, simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B-Direct and Indirect Costs Required to be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material	NA	NA
2 Direct labor		NA
3 Indirect labor		NA
4 Officers' compensation (not including selling activities)	NA	NA
5 Pension and other related costs	NA	NA
6 Employee benefits	NA	NA
7 Indirect materials and supplies	NA	NA
8 Purchasing costs	NA	NA
9 Handling, processing, assembly, and repackaging costs	NA	NA
10 Offsite storage and warehousing costs	NA	NA
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities		
placed in service and not temporarily idle	NA	NA
12 Depletion	NA	NA
13 Rent	NA	NA
14 Taxes other than state, local, and foreign income taxes	NA	NA
15 Insurance		NA
16 Utilities	NA	NA
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity	NA	NA
18 Engineering and design costs (not including section 174 research and experimental		
expenses)	NA	NA
19 Rework labor, scrap, and spoilage	NA	NA
20 Tools and equipment	NA	NA
21 Quality control and inspection	NA	NA
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant	NA	NA
23 Licensing and franchise costs	NT 70	NA
24 Capitalizable service costs (including mixed service costs)		NA
25 Administrative costs (not including any costs of selling or any return on capital)	NA	NA
26 Research and experimental expenses attributable to long-term contracts	NA	NA
27 Interest	NT 2	NA
28 Other costs (Attach a list of these costs.)		NA

Part III Method of Cost Allocation (continued) See instructions.

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs.)

		Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses	NA	NA
2	Research and experimental expenses not included in Section B, line 26	NA	NA
3	Bidding expenses not included in Section B, line 22	NA	NA
4	General and administrative costs not included in Section B	NA	NA
5	Income taxes	NA	NA
6		NA	NA
7	Warranty and product liability costs	NA	NA
8	Section 179 costs	NA	NA
9	On-site storage	NA	NA
10	Depreciation, amortization, and cost recovery allowance not included in Section B,		
	line 11	NA	NA
11	Other costs (Attach a list of these costs.)	NA	NA

Schedule E-Change in Depreciation or Amortization. See instructions.

Appli	cants requesting approval to change their method of accounting for depreciation or amortization complete this section.		
Appli	cants must provide this information for each item or class of property for which a change is requested.		
Note	: See the Summary of the List of Automatic Accounting Method Changes in the instructions for information regarding		
autor	natic changes under sections 56, 167, 168, 197, 1400l, 1400L, or former section 168. Do not file Form 3115 with respect to		
certa	in late elections and election revocations. See instructions.		
1	Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?	Yes	No
	If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii).		
2	Is any of the depreciation or amortization required to be capitalized under any Code section such as, section 263A?	Yes	No
	If "Yes," enter the applicable section ${f u}$		
3	Has a depreciation, amortization, expense, or disposition election been made for the property such as,		
	the election under sections 168(f)(1), 168(i)(4), 179, 179C, or Regulations section 1.168(i)-8(d)?	Yes	No
	If "Yes," state the election made ${f u}$		
4a	To the extent not already provided, attach a statement describing the property subject to the change. Include in the description		
	the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or		
	income-producing activity.		
b	If the property is residential rental property, did the applicant live in the property before renting it?	Yes	No
С	Is the property public utility property?	Yes	No
5	To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the		

- property is treated under the applicant's present method (for example, depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.).

 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the
- If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
- a The Code section under which the property is or will be depreciated or amortized (for example, section 168(g)).
- b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L; the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS); an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant.
- **c** The facts to support the asset class for the proposed method.
- **d** The depreciation or amortization method of the property, including the applicable Code section (for example, 200% declining balance method under section 168(b)(1)).
- e The useful life, recovery period, or amortization period of the property.
- f The applicable convention of the property.
- g Whether the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b), or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.
- h Whether the property was or will be in a single asset account, a multiple asset account, or a general asset account.

1524 SAN DIEGO COUNTY BICYCLE COALITION 33-0418006 Federal Statements

FYE: 12/31/2016

CHANGE FROM CASH TO ACCRUAL Statement 1 - Form 3115, Page 2, Part II, Line 7b - Other Type of Audit Protection

Description

NON-PROFIT ORGANIZATION WHO'S MISSION IS TO PROMOTE BICYCLING THROUGH EDUCATION. THEY INSTRUCT BICYCLISTS IN SAFE CYCLING PRACTICES THROUGH EDUCATION AND CYCLING EVENTS AS WELL AS PERFORM FEASABILITY STUDIES ASSESSING ENVIRONMENTAL IMPACT FOR PROJECTED BIKE/WALK PROJECTS.

CHANGE FROM CASH TO ACCRUAL Statement 2 - Form 3115, Page 4, Part I, Line 2a - Income Accrued But Not Received

	Descrip	<i></i>	mount	
PROGRAM	SERVICE	RECEIVABLE	\$	9,206
TOTAL			\$	9,206

CHANGE FROM CASH TO ACCRUAL Statement 3 - Form 3115, Page 4, Part I, Line 2c - Expenses Accrued But Not Paid

Description	Amount
ACCOUNTS PAYABLE ACCRUED PAYROLL	\$ -2,455 -3,077
TOTAL	\$ -5,532

Form **8879-E**(

IRS *e-file* Signature Authorization for an Exempt Organization

878	1545-1	١о.	OMB	
878	1545-1	Ю.	OMB	

Department of the Treasury

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20 u Do not send to the IRS. Keep for your records.

Internal Revenue Service Name of exempt organization u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

SAN DIEGO COUNTY BICYCLE COALITION Name and title of officer KEVIN WOOD

TREASURER

33-0418006

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	411,664
2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

0

Officer's PIN: ch	eck one box only	!							
X I authoriz	BATTEN	ACCOUNTANCY	INC	to enter my PIN	80061 as my signature				
		ERO firm name Enter five numbers, but		Enter five numbers, but					
					do not enter all zeros				
being file	on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.								
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.									
Officer's signature	}			Date }	07/12/17				
Part III C	ertification ar	nd Authentication							

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

30208239981

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)