

CLIENT'S COPY – ELECTRONICALLY FILED

EXTENDED TO NOVEMBER 15, 2018

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | | | | | | | | | | | | | |
|--|---|---|--|-------------------|--|--|------------|---------------------------|--|--|--|--|--|
| A For the 2017 calendar year, or tax year beginning and ending | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SAN FRANCISCO BICYCLE COALITION</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1720 MARKET STREET</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: BRIAN WIEDENMEIER 1720 MARKET STREET, SAN FRANCISCO, CA 94102</td> </tr> </table> | C Name of organization SAN FRANCISCO BICYCLE COALITION | | Doing business as | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | 1720 MARKET STREET | | City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 | | F Name and address of principal officer: BRIAN WIEDENMEIER 1720 MARKET STREET, SAN FRANCISCO, CA 94102 | |
| C Name of organization SAN FRANCISCO BICYCLE COALITION | | | | | | | | | | | | | |
| Doing business as | | | | | | | | | | | | | |
| Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | | | | | | | | | |
| 1720 MARKET STREET | | | | | | | | | | | | | |
| City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94102 | | | | | | | | | | | | | |
| F Name and address of principal officer: BRIAN WIEDENMEIER 1720 MARKET STREET, SAN FRANCISCO, CA 94102 | | | | | | | | | | | | | |
| D Employer identification number 94-3228199 | | | | | | | | | | | | | |
| E Telephone number 415-431-2453 | | | | | | | | | | | | | |
| G Gross receipts \$ 791,764. | | | | | | | | | | | | | |
| H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | |
| H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| If "No," attach a list. (see instructions) | | | | | | | | | | | | | |
| H(c) Group exemption number ▶ | | | | | | | | | | | | | |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | | | | | | | | |
| J Website: ▶ WWW.SFBIKE.ORG | | | | | | | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | | | | | | | | |
| L Year of formation: 1995 M State of legal domicile: CA | | | | | | | | | | | | | |

Part I Summary

| | | | | |
|------------------------------------|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SAN FRANCISCO BICYCLE COALITION IS TO TRANSFORM SAN FRANCISCO'S STREETS AND | | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 15 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 15 | |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 49 | |
| | 6 | Total number of volunteers (estimate if necessary) | 1200 | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0. | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0. | | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 232,333. | 283,197. |
| | 9 | Program service revenue (Part VIII, line 2g) | 484,558. | 439,209. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 42. | 96. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -86,691. | 302. |
| 12 | Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 630,242. | 722,804. | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 472,081. | 335,771. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 97,084. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 133,907. | 227,342. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 605,988. | 563,113. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 24,254. | 159,691. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 710,370. | 887,031. |
| | 21 | Total liabilities (Part X, line 26) | 114,614. | 131,584. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 595,756. | 755,447. | |

Part II 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.

| | | | | |
|-------------------------------|---|-------------------------------|---|--|
| Sign Here | Signature of officer | | Date | |
| | BRIAN WIEDENMEIER, EXECUTIVE DIRECTOR | | | |
| Paid Preparer Use Only | Print/Type preparer's name DEBBIE ROESSI DIMERY | | Preparer's signature | |
| | Firm's name ▶ LINDQUIST LLP | | Date | |
| | Firm's address ▶ 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583 | | Check if self-employed <input type="checkbox"/> PTIN P01065763 | |
| | | | Firm's EIN ▶ 52-2385296 | |
| | | Phone no. 925-277-9100 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

732001 11-28-17

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF THE SAN FRANCISCO BICYCLE COALITION IS TO TRANSFORM SAN FRANCISCO'S STREETS AND NEIGHBORHOODS INTO MORE LIVABLE AND SAFE PLACES BY PROMOTING THE BICYCLE FOR EVERYDAY TRANSPORTATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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.**4a** (Code:) (Expenses \$ 340,294. Including grants of \$) (Revenue \$ 438,661.)

IN 2017, THE SAN FRANCISCO BICYCLE COALITION (SFBC) FOCUSED ON ITS CORE GOAL OF INCREASING THE NUMBER OF PEOPLE BICYCLING. A KEY PART OF THIS EFFORT IS TO EXPAND AND IMPROVE THE CITY'S BICYCLING NETWORK. THIS YEAR WE ADVANCED OUR VISION FOR A COMPLETE, CROSS-TOWN BIKE NETWORK SYSTEM THAT IS SAFE AND WELCOMING FOR PEOPLE OF ALL AGES. WE WORKED CLOSELY WITH VOLUNTEERS, MEMBERS AND COMMUNITY GROUPS TO GET THE GOVERNMENT TO TRANSLATE THIS VISION INTO ON-THE-GROUND PROJECTS AND FUNDING FOR PROJECTS TO BE CONSTRUCTED. IN 2017, ON THE GROUND IMPROVEMENTS INCLUDED PROTECTED BIKE LANES ON 7TH AND 8TH STREET CONNECTING THE VITAL SECTIONS OF THE CITY LOCATED SOUTH OF MARKET ST. AND APPROVAL OF PROJECTS FOR PROTECTED BIKE LANES AND SAFETY IMPROVEMENTS FOR UPPER MARKET ST., FOLSOM STREET AND TURK ST; AND APPROVAL AND IMPLEMENTATION

4b (Code:) (Expenses \$ 14,614. Including grants of \$) (Revenue \$ 0.)

THE SFBC EDUCATED, ENDORSED AND HELPED CAMPAIGN ON BEHALF OF BICYCLING-FRIENDLY ELECTED OFFICIALS AND BALLOT MEASURES ON THE SUMMER 2018 AND NOVEMBER 2018 BALLOT. SFBC SOUGHT TO EDUCATE ALL CANDIDATES ABOUT HOW TO WORK ON BEHALF OF GREAT BICYCLING IN SAN FRANCISCO.

4c (Code:) (Expenses \$ 62,631. Including grants of \$) (Revenue \$ 0.)

IN 2017, THE SFBC WORKED ON GETTING THE GOVERNMENT TO INCREASE THE AMOUNT OF SECURE BIKE PARKING ON THE STREET AND IN BUILDINGS, AND TO IMPROVE ACCESS TO REGIONAL TRANSIT. WE REACHED OUT TO BUSINESSES AND OTHER ENTITIES THROUGHOUT THE CITY TO ENCOURAGE THEM TO APPLY FOR BIKE RACKS AND CORRALS IN FRONT OF THEIR BUILDINGS. WE INCREASED OUR PRESENCE AT EVENTS AROUND THE CITY, PROVIDING FREE AND SECURE BICYCLE PARKING.

4d Other program services (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses **417,539.**

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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)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | | 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | 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 | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | 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): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c 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 | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | X | |

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | 6 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 49 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | 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 | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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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

☒**Section A. Governing Body and Management**

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 15 | | |
| 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 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | 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 by the following: | | |
| a 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 |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | 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 form? 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 rise to conflicts? 12b | X | |
| c 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 | | X |
| 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? | | |
| a 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 | | X |
| 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 | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 records: ►
BRIAN WEIDENMEIR - 4154312453
1720 MARKET STREET, SAN FRANCISCO, CA 94102

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ADAM KEATS DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (2) AMANDEEP JAWA DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (3) ANDY THORNLEY PRESIDENT | 3.00 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) CHEMA HERNANDEZ GIL DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (5) JENN FOX DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (6) JEREMY POLLOCK DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (7) JIRO YAMAMOTO DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (8) LAWRENCE LI TREASURER | 3.00 3.00 | X | | X | | | | 0. | 0. | 0. |
| (9) LEAH SHAHUM DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (10) LINDY KAE PATTERSON DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (11) LISA FISHER DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (12) MARY KAY CHIN SECRETARY | 3.00 3.00 | X | | X | | | | 0. | 0. | 0. |
| (13) NIC AULSTON DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (14) ROCKY BEACH DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (15) SHIRLEY JOHNSON DIRECTOR | 3.00 3.00 | X | | | | | | 0. | 0. | 0. |
| (16) BRIAN WEIDENMEIER EXECUTIVE DIRECTOR | 20.00 20.00 | | | X | | | | 71,375. | 71,375. | 5,885. |
| | | | | | | | | | | |

Part VIII Statement of RevenueCheck if Schedule O contains a response 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 |
|--|--|--|----------------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 217,263. | | | | |
| | c Fundraising events | 1c | 58,184. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 7,750. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 283,197. | | | |
| Program Service Revenue | 2 a GOVERNMENT CONTRACTS | Business Code | 900099 | 352,809. | 352,809. | | |
| | b PROGRAM SERVICE FEE | | 900099 | 86,400. | 86,400. | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 439,209. | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 96. | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| 6 a Gross rents | | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | | | | | | | |
| d Net gain or (loss) | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 58,184. of contributions reported on line 1c). See Part IV, line 18 | | a | 64,445. | | | | |
| b Less: direct expenses | | b | 64,445. | | | | |
| c Net income or (loss) from fundraising events | | | | 0. | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | | a | 4,817. | | | | |
| b Less: cost of goods sold | b | 4,515. | | | | | |
| c Net income or (loss) from sales of inventory | | | 302. | 302. | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions. | | | | 722,804. | 439,511. | 0. | 96. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 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 | 71,375. | 54,240. | 7,386. | 9,749. |
| 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 | 208,119. | 158,156. | 21,537. | 28,426. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 33,952. | 29,394. | 922. | 3,636. |
| 10 Payroll taxes | 22,325. | 16,954. | 2,312. | 3,059. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 2,500. | 759. | 1,741. | |
| c Accounting | 3,301. | 1,002. | 2,299. | |
| d Lobbying | | | | |
| e 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 Sch O.) | 16,449. | 16,449. | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 64,624. | 35,075. | 960. | 28,589. |
| 14 Information technology | 5,065. | 3,998. | 434. | 633. |
| 15 Royalties | | | | |
| 16 Occupancy | 115,443. | 84,258. | 9,817. | 21,368. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,316. | 1,732. | 239. | 345. |
| 23 Insurance | 6,979. | 5,221. | 720. | 1,038. |
| 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.) | | | | |
| a OTHER EXPENSES | 10,665. | 10,301. | 123. | 241. |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 563,113. | 417,539. | 48,490. | 97,084. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 460,364. | 1 | 539,396. |
| | 2 Savings and temporary cash investments | 70,291. | 2 | 180,389. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 89,084. | 4 | 81,508. |
| | 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 organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 13,389. | 8 | 15,167. |
| | 9 Prepaid expenses and deferred charges | 34,961. | 9 | 1,270. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 121,160. | | |
| | b Less: accumulated depreciation | 10b 82,308. | 10c 42,281. | 38,852. |
| | 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 | 0. | 15 | 30,449. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 710,370. | 16 | 887,031. | |
| Liabilities | 17 Accounts payable and accrued expenses | 62,693. | 17 | 82,311. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 51,921. | 19 | 49,273. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 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 of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 114,614. | 26 | 131,584. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 595,756. | 27 | 755,447. |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 595,756. | 33 | 755,447. |
| 34 Total liabilities and net assets/fund balances | 710,370. | 34 | 887,031. | |

Form 990 (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|----|--|----|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 722,804. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 563,113. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 159,691. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 595,756. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 755,447. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X |
| 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? _____ | 3a | 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 _____ | 3b | |

Form 990 (2017)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization SAN FRANCISCO BICYCLE COALITION | Employer identification number 94-3228199 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities ▶ _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2017

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

SAN FRANCISCO BICYCLE COALITION

Employer identification number

94-3228199

Part I 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 | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 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 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 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)? ☐ Yes ☐ No

9 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 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| 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 Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 49,485. | 12,210. | 37,275. |
| c Leasehold improvements | | | | |
| d Equipment | | 26,275. | 25,303. | 972. |
| e Other | | 45,400. | 44,795. | 605. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 38,852. |

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

Schedule D (Form 990) 2017

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|----|--|
| 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: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | 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: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|----|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION'S MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION'S MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE FISCAL YEARS PRIOR TO 2014.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|----------------------|----------------------------|------------------------|--|
| | | BTWD (event type) | WINTERFEST (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 56,174. | 66,455. | | 122,629. |
| | 2 Less: Contributions | 28,218. | 29,966. | | 58,184. |
| | 3 Gross income (line 1 minus line 2) | 27,956. | 36,489. | | 64,445. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 20,347. | | 20,347. |
| | 7 Food and beverages | 17. | 1,431. | | 1,448. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 27,939. | 14,711. | | 42,650. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 64,445. |
| | 11 Net income summary. Subtract line 10 from line 3, column (c) | | | | 0. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| | |
|----------------|---|
| Part IV | Supplemental Information (continued) |
|----------------|---|

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SAN FRANCISCO BICYCLE COALITION

Employer identification number

94-3228199

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEIGHBORHOODS INTO MORE LIVABLE AND SAFE PLACES BY PROMOTING THE
BICYCLE FOR EVERYDAY TRANSPORTATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF CITYWIDE BIKE SHARE AND OUTREACH IN LOW-INCOME COMMUNITIES ABOUT THE
EXPANSION OF BIKE-SHARE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERS. ALL MEMBERS HAVE THE SAME VOTING
RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE CHANGES TO THE GOVERNING DOCUMENTS, SUCH AS THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

STAFF REVIEW AND RECONCILE THE RETURN AGAINST FINANCIAL STATEMENTS BEFORE
APPROVAL OF THE FINAL DRAFT BY THE EXECUTIVE DIRECTOR. THIS DRAFT IS THEN
REVIEWED WITH KEY MEMBERS OF THE BOARD INCLUDING THE ORGANIZATION'S
TREASURER PRIOR TO FINALIZING THE RETURN. BEFORE FILING THE RETURN, A COPY
IS DISTRIBUTED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

SAN FRANCISCO BICYCLE COALITION

Employer identification number

94-3228199

SFBC HAS A CONFLICT OF INTEREST POLICY FOR ALL STAFF AND BOARD MEMBERS.

STAFF AND BOARD MEMBERS REVIEW THIS POLICY AND SIGN A NEW NON-DISCLOSURE AGREEMENT ANNUALLY.

THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT SFBC'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF SFBC OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION. IF AN EMPLOYEE OR BOARD MEMBER IS IN A POSITION TO INFLUENCE A PURCHASE, CONTRACT OR LEASE, IT IS IMPERATIVE THAT HE OR SHE DISCLOSE THE CONFLICT OF INTEREST TO AN SFBC OFFICER, AND SAFEGUARDS WILL BE ESTABLISHED. AN EMPLOYEE WILL NOT OFFER BUSINESS SERVICES SIMILAR TO SERVICES OFFERED BY SFBC NOR WILL HE OR SHE USE SFBC'S NAME FOR PERSONAL BENEFITS OUTSIDE OF THE SCOPE OF EMPLOYMENT DUTIES. IF MANAGEMENT HAS REASON TO BELIEVE THAT A VIOLATION OF THIS POLICY HAS OCCURED, MANAGEMENT WILL AFFORD THE STAFF OR BOARD MEMBER TO AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF NECESSARY, MANAGEMENT WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS DISCUSSES COMPENSATION ON AN ANNUAL BASIS FOR THE EXECUTIVE DIRECTOR AND ALL OTHER OFFICERS OR KEY EMPLOYEES. ANY CHANGES IN COMPENSATION ARE RESEARCHED, DISCUSSED AND APPROVED BY THE BOARD OF DIRECTORS.

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

UPON REQUEST, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL INFORMATION AVAILABLE TO THE ORGANIZATION'S MEMBERS.

Name of the organization

SAN FRANCISCO BICYCLE COALITION

Employer identification number

94-3228199

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE ANNUAL AUDIT
AND FOR SELECTION OF THE INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| | Yes | No |
|--|-----|-------------------------------------|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | <input checked="" type="checkbox"/> |
| b Gift, grant, or capital contribution to related organization(s) | | <input checked="" type="checkbox"/> |
| c Gift, grant, or capital contribution from related organization(s) | | <input checked="" type="checkbox"/> |
| d Loans or loan guarantees to or for related organization(s) | | <input checked="" type="checkbox"/> |
| e Loans or loan guarantees by related organization(s) | | <input checked="" type="checkbox"/> |
| f Dividends from related organization(s) | | <input checked="" type="checkbox"/> |
| g Sale of assets to related organization(s) | | <input checked="" type="checkbox"/> |
| h Purchase of assets from related organization(s) | | <input checked="" type="checkbox"/> |
| i Exchange of assets with related organization(s) | | <input checked="" type="checkbox"/> |
| j Lease of facilities, equipment, or other assets to related organization(s) | | <input checked="" type="checkbox"/> |
| k Lease of facilities, equipment, or other assets from related organization(s) | | <input checked="" type="checkbox"/> |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | <input checked="" type="checkbox"/> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | <input checked="" type="checkbox"/> |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | <input checked="" type="checkbox"/> |
| o Sharing of paid employees with related organization(s) | | <input checked="" type="checkbox"/> |
| p Reimbursement paid to related organization(s) for expenses | | <input checked="" type="checkbox"/> |
| q Reimbursement paid by related organization(s) for expenses | | <input checked="" type="checkbox"/> |
| r Other transfer of cash or property to related organization(s) | | <input checked="" type="checkbox"/> |
| s Other transfer of cash or property from related organization(s) | | <input checked="" type="checkbox"/> |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) SFBC EDU FUND | N | 77,315. | CASH REIMBURSEMENT OF THE ALLOCAT |
| (2) SFBC EDU FUND | O | 1,140,294. | CASH REIMBURSEMENT OF THE ALLOCAT |
| (3) SFBC EDU FUND | Q | 326,406. | CASH REIMBURSEMENT OF ALL OTHER |
| (4) | | | |
| (5) | | | |
| (6) | | | |

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | C n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---------------------------|---------------|--------|------|-------------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| | BUILDINGS | | | | | | | | | | | | | | |
| 1 | LEASEHOLD IMPROVEMENTS | VARIOUS | SL | .000 | | 16 | 49,485. | | | | 49,485. | 10,478. | | 1,732. | 12,210. |
| | * 990 PAGE 10 TOTAL | | | | | | | | | | | | | | |
| | BUILDINGS | | | | | | 49,485. | | | | 49,485. | 10,478. | | 1,732. | 12,210. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | | |
| 2 | EQUIPMENTS | VARIOUS | SL | .000 | | 16 | 26,275. | | | | 26,275. | 25,064. | | 239. | 25,303. |
| | * 990 PAGE 10 TOTAL | | | | | | | | | | | | | | |
| | MACHINERY & EQUIPMENT | | | | | | 26,275. | | | | 26,275. | 25,064. | | 239. | 25,303. |
| | FUNDRAISING | | | | | | | | | | | | | | |
| 3 | OTHER | VARIOUS | SL | .000 | | 16 | 45,400. | | | | 45,400. | 44,450. | | 345. | 44,795. |
| | * 990 PAGE 10 TOTAL | | | | | | | | | | | | | | |
| | FUNDRAISING | | | | | | 45,400. | | | | 45,400. | 44,450. | | 345. | 44,795. |
| | * GRAND TOTAL 990 PAGE 10 | | | | | | | | | | | | | | |
| | DEPR | | | | | | 121,160. | | | | 121,160. | 79,992. | | 2,315. | 82,308. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | |
|--|--|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. | | Enter filer's identifying number | |
| | SAN FRANCISCO BICYCLE COALITION | | Employer identification number (EIN) or | |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | | 94-3228199 | |
| | 1720 MARKET STREET | | Social security number (SSN) | |
| File by the due date for filing your return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | SAN FRANCISCO, CA 94102 | |

| Enter the Return Code for the return that this application is for (file a separate application for each return) | | | |
|---|-------------|-----------------------------------|-------------|
| Application Is For | Return Code | Application Is For | Return Code |
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- FRANK CHAN
- The books are in the care of ► 1720 MARKET STREET - SAN FRANCISCO, CA 94102
Telephone No. ► 4154312453 Fax No. ►
 - If the organization does not have an office or place of business in the United States, check this box ☐
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2017 or

► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | |
|--|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

CLIENT'S COPY – ELECTRONICALLY FILED

TAXABLE YEAR

2017

California Exempt Organization Annual Information Return

728941 12-06-17

FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

California corporation number

SAN FRANCISCO BICYCLE COALITION
1898679

Additional Information, See Instructions.

FEIN

94-3228199

Street address (suite or room)

PMB no.

1720 MARKET STREET

City

State

ZIP code

SAN FRANCISCO
CA
94102

Foreign country name

Foreign province/state/country

Foreign postal code

| | |
|---|---|
| <p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized</p> <p>Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p> |
|---|---|

Part I Complete Part I unless not required to file this form. See General Information B and C.

| | | | | |
|---|--|--|----------------------------------|---|
| Receipts and Revenues | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 508,567.00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | 217,263.00 |
| | 3 | Gross contributions, gifts, grants, and similar amounts received | 3 | 65,934.00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed, if the result is less than \$50,000, see General Information B | 4 | 791,764.00 |
| | 5 | Cost of goods sold STMT 2 STMT 1 | 5 | 4,515.00 |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | 00 |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 4,515.00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 787,249.00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 627,558.00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 159,691.00 |
| Filing Fee | 11 | Total payments | 11 | 00 |
| | 12 | Use tax. See General Information K | 12 | 00 |
| | 13 | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 | 13 | 00 |
| | 14 | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 | 14 | 00 |
| | 15 | Filing fee \$10 or \$25. See General Information F | 15 | 10.00 |
| | 16 | Penalties and interest. See General Information J | 16 | 00 |
| | 17 | Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result | 17 | 10.00 |
| Sign Here | Under penalties or 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 taxpayer) is based on all information of which preparer has any knowledge. | | | |
| Paid Preparer's Use Only | Signature of officer | | Title EXECUTIVE DIRE | Date |
| | Preparer's signature | | Date | Check if self-employed <input type="checkbox"/> |
| | Firm's name (or yours, if self-employed) and address LINDQUIST LLP 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94583 | | Telephone 415-431-2453 | PTIN P01065763 |
| | | | Telephone 52-2385296 | Telephone 925-277-9100 |
| May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

022

3651174

Form 199 2017 Side 1

SAN FRANCISCO BICYCLE COALITION

94-3228199

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.

728951 12-06-17

| | | | | |
|-----------------------------|----|---|----|------------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 69,262.00 |
| | 2 | Interest | 2 | 96.00 |
| | 3 | Dividends | 3 | 00 |
| | 4 | Gross rents | 4 | 00 |
| | 5 | Gross royalties | 5 | 00 |
| | 6 | Gross amount received from sale of assets (See instructions) | 6 | 00 |
| | 7 | Other income SEE STATEMENT 3 | 7 | 439,209.00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 508,567.00 |
| | 9 | Contributions, gifts, grants, and similar amounts paid | 9 | 00 |
| | 10 | Disbursements to or for members | 10 | 00 |
| | 11 | Compensation of officers, directors, and trustees SEE STATEMENT 4 | 11 | 71,375.00 |
| | 12 | Other salaries and wages | 12 | 208,119.00 |
| | 13 | Interest | 13 | 00 |
| | 14 | Taxes | 14 | 22,325.00 |
| | 15 | Rents | 15 | 115,443.00 |
| | 16 | Depreciation and depletion (See instructions) | 16 | 2,316.00 |
| | 17 | Other Expenses and Disbursements SEE STATEMENT 5 | 17 | 207,980.00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 627,558.00 |

| Schedule L Balance Sheet | | Beginning of taxable year | | End of taxable year | |
|--|--|---------------------------|----------|---------------------|----------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 Cash | | | 530,655. | | 719,785. |
| 2 Net accounts receivable | | | 89,084. | | 81,508. |
| 3 Net notes receivable | | | | | |
| 4 Inventories | | | 13,389. | | 15,167. |
| 5 Federal and state government obligations | | | | | |
| 6 Investments in other bonds | | | | | |
| 7 Investments in stock | | | | | |
| 8 Mortgage loans | | | | | |
| 9 Other investments | | | | | |
| 10 a Depreciable assets | | 113,961. | | 121,160. | |
| b Less accumulated depreciation | | (71,680.) | 42,281. | (82,308.) | 38,852. |
| 11 Land | | | | | |
| 12 Other assets STMT 6 | | | 34,961. | | 31,719. |
| 13 Total assets | | | 710,370. | | 887,031. |
| Liabilities and net worth | | | | | |
| 14 Accounts payable | | | 62,693. | | 82,311. |
| 15 Contributions, gifts, or grants payable | | | | | |
| 16 Bonds and notes payable | | | | | |
| 17 Mortgages payable | | | | | |
| 18 Other liabilities STMT 7 | | | 51,921. | | 49,273. |
| 19 Capital stock or principal fund | | | | | |
| 20 Paid-in or capital surplus. Attach reconciliation | | | | | |
| 21 Retained earnings or income fund | | | 595,756. | | 755,447. |
| 22 Total liabilities and net worth | | | 710,370. | | 887,031. |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

| | | | |
|--|----------|---|----------|
| 1 Net income per books | 159,691. | 7 Income recorded on books this year not included in this return | |
| 2 Federal income tax | | 8 Deductions in this return not charged against book income this year | |
| 3 Excess of capital losses over capital gains | | 9 Total. Add line 7 and line 8 | |
| 4 Income not recorded on books this year | | 10 Net income per return. | |
| 5 Expenses recorded on books this year not deducted in this return | | Subtract line 9 from line 6 | 159,691. |
| 6 Total. Add line 1 through line 5 | 159,691. | | |

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 1

COST OF GOODS SOLD

| | | |
|--|-------|-------|
| 1. INVENTORY AT BEGINNING OF YEAR | | |
| 2. MERCHANDISE PURCHASED. | | |
| 3. COST OF LABOR. | | |
| 4. MATERIALS AND SUPPLIES | | |
| 5. OTHER COSTS. | 4,515 | |
| 6. ADD LINES 1 THROUGH 5 | | 4,515 |
| 7. INVENTORY AT END OF YEAR | | |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . | | 4,515 |

| | | | |
|--------|----------------------------------|-----------|---|
| CA 199 | COST OF GOODS SOLD - OTHER COSTS | STATEMENT | 2 |
|--------|----------------------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--|--------|
| CLOTHING/PROMOTIONAL ITEMS | 4,515. |
| TOTAL INCLUDED ON FORM 199, PART I, LINE 5 | 4,515. |

| | | | |
|--------|--------------|-----------|---|
| CA 199 | OTHER INCOME | STATEMENT | 3 |
|--------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|------------------------------------|----------|
| PROGRAM SERVICE FEE | 86,400. |
| GOVERNMENT CONTRACTS | 352,809. |
| TOTAL TO FORM 199, PART II, LINE 7 | 439,209. |

| | | | |
|--------|--|-----------|---|
| CA 199 | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT | 4 |
|--------|--|-----------|---|

| NAME AND ADDRESS | TITLE AND AVERAGE HRS WORKED/WK | COMPENSATION |
|--|------------------------------------|--------------|
| ADAM KEATS 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| AMANDEEP JAWA 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| ANDY THORNLEY 1720 MARKET STREET SAN FRANCISCO, CA 94102 | PRESIDENT 3.00 | 0. |
| CHEMA HERNANDEZ GIL 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| JENN FOX 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |

SAN FRANCISCO BICYCLE COALITION

94-3228199

| | | |
|---|-----------------------------|---------|
| JEREMY POLLOCK 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| JIRO YAMAMOTO 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| LAWRENCE LI 1720 MARKET STREET SAN FRANCISCO, CA 94102 | TREASUERER 3.00 | 0. |
| LEAH SHAHUM 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| LINDY KAE PATTERSON 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| LISA FISHER 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| MARY KAY CHIN 1720 MARKET STREET SAN FRANCISCO, CA 94102 | SECRETARY 3.00 | 0. |
| NIC AULSTON 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| ROCKY BEACH 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| SHIRLEY JOHNSON 1720 MARKET STREET SAN FRANCISCO, CA 94102 | DIRECTOR 3.00 | 0. |
| BRIAN WEIDENMEIER 1720 MARKET STREET SAN FRANCISCO, CA 94102 | EXECUTIVE DIRECTOR 20.00 | 71,375. |
| BRIANNE O'LEARY GAGNON 1720 MARKET STREET SAN FRANCISCO, CA 94102 | PRESIDENT - PAST 3.00 | 0. |

TOTAL TO FORM 199, PART II, LINE 11

71,375.

| CA 199 | OTHER EXPENSES | STATEMENT | 5 |
|---------------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| OTHER EXPENSES | | 10,665. | |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | | 64,445. | |
| OTHER EMPLOYEE BENEFITS | | 33,952. | |
| LEGAL FEES | | 2,500. | |
| ACCOUNTING FEES | | 3,301. | |
| OTHER PROFESSIONAL FEES | | 16,449. | |
| OFFICE EXPENSES | | 64,624. | |
| INFORMATION TECHNOLOGY | | 5,065. | |
| INSURANCE | | 6,979. | |
| TOTAL TO FORM 199, PART II, LINE 17 | | 207,980. | |

| CA 199 | OTHER ASSETS | STATEMENT | 6 |
|--|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PREPAID EXPENSES AND DEFERRED CHARGES | 34,961. | 1,270. | |
| REFUNDABLE DEPOSITS | 0. | 30,449. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 34,961. | 31,719. | |

| CA 199 | OTHER LIABILITIES | STATEMENT | 7 |
|--|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| DEFERRED REVENUE | 51,921. | 49,273. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 51,921. | 49,273. | |

| CA 199 | FUND BALANCES | STATEMENT | 8 |
|--|---------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| UNRESTRICTED ASSETS | 595,756. | 755,447. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 595,756. | 755,447. | |

TAXABLE YEAR

2017

Corporation Depreciation
and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-3228199

Corporation name

California corporation number

SAN FRANCISCO BICYCLE COALITION

1898679

Part I Election To Expense Certain Property Under IRC Section 179

| | | |
|--|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California | 1 | \$25,000 |
| 2 Total cost of IRC Section 179 property placed in service | 2 | |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- | 5 | |
| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 6 | | |
| 7 Listed property (elected IRC Section 179 cost) | 7 | |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 | 8 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from prior taxable years | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 | 13 | |

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

| (a) Description property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation Method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------------|-------------------------------|--|-------------------------------|------------------------|--------------------------------------|---|
| 14 1 LEASEHOLD IMPROVEMENTS | VARIOUS | 49,485. | 10,478. | SL | .000 | 1,732. | |
| 2 EQUIPMENTS | VARIOUS | 26,275. | 25,064. | SL | .000 | 239. | |
| 3 OTHER | VARIOUS | 45,400. | 44,450. | SL | .000 | 345. | |
| TOTALS | | 121,160. | 79,992. | | | | |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) | | | | | | 2,316. | |

Part III Summary

| | | |
|--|----|--------|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) | 16 | 2,316. |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 | 17 | 2,316. |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) | 18 | 0. |

Part IV Amortization

| (a) Description of property | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC section (see instructions) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------------------|
| 19 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 20 Total. Add the amounts in column (g) | | | | | | |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 | | | | | | |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 | | | | | | |