Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047 Open to Public

Inte	rnal Rev	enue Sen	vice ► Go to www.irs.gov/Form990 for instructions	and the late	St Infori	mation.		Inspection
Α	For th	ne 2021	calendar year, or tax year beginning	and ending				
ь	<u>.</u>		C Name of organization			D Employer ide	ntifica	tion number
ь_	Check if	applicable:	SAN FRANCISCO BICYCLE COALITION					
	Add char		Doing business as			94-3228	8199	)
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	ımber	
	Initia	al return	1720 MARKET STREET			(415)4	31-	2453
		I return/ inated	City or town, state or province, country, and ZIP or foreign postal code					
		nded	SAN FRANCISCO, CA 94102			<b>G</b> Gross receipts	s \$	788,696.
		lication	F Name and address of principal officer: JANELLE P. WONG			H(a) Is this a gro subordinates		rn for Yes X No
	·		1720 MARKET STREET, SAN FRANCISCO, CA 94102			H(b) Are all subord		icluded? Yes No
ī	Tax-e	xempt st	atus: 501(c)(3) X 501(c) (4 ) <b>◄</b> (insert no.) 4947(a)(1	) or 52	27	If "No," a	ittach a	list. See instructions
J	Webs	ite: 🕨	WWW.SFBIKE.ORG			H(c) Group exem	ption nu	umber <b>&gt;</b>
K	Form	of organ	nization: X Corporation Trust Association Other	L Year o	of format	ion: 1995 <b>M</b>	State	of legal domicile: CA
P	art I	Su	ımmary	•		•		
	1	Briefly	y describe the organization's mission or most significant activities: THE	MISSION	OF T	HE SAN FR	ANC	ISCO BICYCLE
ė		COA	LITION IS TO TRANSFORM SAN FRANCISCO'S STREET	S AND NE	IGHB	ORHOODS		
and		INT	O MORE LIVABLE AND SAFE PLACES BY PROMOTING T	THE BICYC	LE F	OR		
Governance	2	Check	this box if the organization discontinued its operations or dispose	sed of more th	an 25%	of its net asset	s.	
စ်	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3	14
			per of independent voting members of the governing body (Part VI, line 1b)				4	
Activities &	5		number of individuals employed in calendar year 2021 (Part V, line 2a).				5	 57
Ë	6		number of volunteers (estimate if necessary)				6	14
Ä	7a		unrelated business revenue from Part VIII, column (C), line 12				7a	NONE
			nrelated business taxable income from Form 990-T, Part I, line 11				7b	NONE
			· · · · · · · · · · · · · · · · · · ·			Prior Year	1.4	Current Year
	8	Contr	ibutions and grants (Part VIII, line 1h)			270,36	65	197,361.
nue	9		am service revenue (Part VIII, line 2g)			480,82		511,105.
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			·	32.	13.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2,2		6,915.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			753,5		715,394.
_	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				ONE	NONE
	14		its paid to or for members (Part IX, column (A), line 4)			NONE		NONE
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			617,50	550,511.	
Expenses	162		ssional fundraising fees (Part IX, column (A), line 11e)				ONE	NONE
per			fundraising expenses (Part IX, column (D), line 25) > 82,826			11		IVOIVE
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			215,8	40	139,479.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			833,34		689,990.
	19		nue less expenses. Subtract line 18 from line 12			-79,82	$\overline{}$	25,404.
20 0	_	110101	Tac 1000 experiods. Gubitadi inte 10 fforminte 12	<del></del>	Begin	ning of Current		End of Year
Net Assets or	20	Total	assets (Part X, line 16)			1,024,98	_	896,285.
Ass	21		liabilities (Part X, line 26)			322,2		168,145.
e t	22		ssets or fund balances. Subtract line 21 from line 20.			702,73		728,140.
	art II		gnature Block	<u> </u>		702,7.	30.	720,110.
Ur	nder ne	enalties o	of periury. I declare that I have examined this return, including accompanying sche	dules and state	ments. a	and to the best o	f mv k	nowledge and belief, it is
tru	e, corr	ect, and	complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer ha	as any kr	nowledge.	,	
						11/	10/3	2022
Sig	gn	5	Signature of officer			Date	10/2	2022
He	re		JANELLE P. WONG EX	ECUTIVE	DIBE	CTOP		
		-	Type or print name and title	TH COTTAR	יידעניי	C101/		
		<u> </u>	Type preparer's name Preparer's signature	Date		Check	if F	PTIN
Pai	d				)/202	.   .,	J "	P01451649
Pre	parer		NIE J SPRINGER DONNIE J SPRINGER	11/10	, ,	_		
Us	e Only	' <del></del>	s name WITHUMSMITH+BROWN, PC s address > 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94	E02		Firm's EIN		2-2027092 25-277-9100
N/0	v tho		saddress 5000 EXECUTIVE PARKWAY, SUITE 400 SAN RAMON, CA 94 iscuss this return with the preparer shown above? See instructions			Phone no.	9.	
IVIO	y ine	ii\O u	nacuas una return with the preparer shown above: see instructions			<del></del>		. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Form 990 (2021) Page **2** 

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	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.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	
	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.
	the total expenses, and revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 385,066. including grants of \$ ) (Revenue \$ 518,020. )
	SEE SCHEDULE O
	SEE SCHEDOLE O
4b	(Code:) (Expenses \$
	IN 2021, THE SAN FRANCISCO BICYCLE COALITION CONTINUED TO ADVOCATE
	FOR MORE STREETS IN SAN FRANCISCO TO BE OPEN FOR RECREATIONAL
	OUTDOOR SPACE FOR BIKES, SCOOTERS AND PEDESTRIANS DURING THE
	CITY'S SHELTER IN PLACE ORDER, INCLUDING THE CLOSURE OF THE UPPER
	GREAT HIGHWAY AND JOHN F, KENNEDY DRIVE IN GOLDEN GATE PARK. WE
	·
	CONTINUE TO ADVOCATE FOR SAFER STREETS FOR ALL USERS OF SAN
	FRANCISCO STREETS.
4c	(Code: ) (Expenses \$ 51,342. including grants of \$ ) (Revenue \$ )
	THE SFBC HAD MINIMAL CAMPAIGN WORK DURING 2021 BECAUSE OF COVID-19
	AND SHELTER IN PLACE ORDER. WE DID CONTINUE TO EDUCATE AND ENDORSE
	LOCAL CITY POLITICIANS RUNNING FOR CITY POSITIONS THAT WERE IN
	SUPPORT OF A BICYCLING-FRIENDLY CITY. SFBC CONTINUES TO INFORM ALL
	CANDIDATES ABOUT HOW TO WORK ON BEHALF OF GREAT BICYCLING IN SAN
	FRANCISCO.
	Other and the control of the control
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 513,421.

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Form 990 (2021) Page **3** 

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
7	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		v
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<b>-</b>		X
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	<u></u> .		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	.		
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.6		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17		17		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Δ.	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-50		
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21		y

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Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Dild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		X
24 a	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	245		3.7
<b>.</b>	through 24d and complete Schedule K. If "No," go to line 25a			X
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
a	to defease any tax-exempt bonds?			
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		v
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			21
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	Χ	

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Form 990 (2021) Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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. 2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-7		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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94-3228199 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 14  If there are material differences in voting rights among members of the governing body, or if the governing body is in the state of the governing body.			
h	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent			
b	Enter the number of voting members included of line 14, above, who are independent 1111	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х
2	any other officer, director, trustee, or key employee?	_		
3		3		Х
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
ı a	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Secti	on 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	Х	
b	Describe on 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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	3.5	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13 14	Х	
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?	15a	Х	
а	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	.55	21	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1 0 0.		
b	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		
Secti	on 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 (1024 or 1024-A, if applicable), 990, and 990-	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	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 record	s <b>&gt;</b>		
	JEAN KAO 1720 MARKET STREET SAN FRANCISCO, CA 94102			

415-508-7824

Form **990** (2021)

9

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

### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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

	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	e) Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	of other compensation from the organization and related organizations
	dotted line)	9	ıstee			ensated				
//\	00.00									
(1) CORY POHLEY	20.00							105 000	37037	270275
INTERIM EXECUTIVE DIRECTOR	20.00	X		X				105,000.	NONE	NONE
(2) JANICE LI	20.00	-						105 000	37037	270275
ADVOCACY DIRECTOR	20.00					X		105,000.	NONE	NONE
(3) JANELLE WONG	20.00			3.7				02 000	NONTE	NONE
DEPUTY EXECUTIVE DIRECTOR	20.00			X				93,888.	NONE	NONE
(4) ALEXANDRA SWEET	3.00							NONE	310310	NONE
SECRETARY - PAST	3.00	Х						NONE	NONE	NONE
(5) BRAD WILLIFORD	3.00	3,7						NONE	NONTE	NONE
DIRECTOR - PAST	3.00	X						NONE	NONE	NONE
(6) JEAN KAO PRESIDENT	3.00	X		Х				NONE	NONE	NONE
(7) JULI UOTA	3.00							NONE	NONE	NONE
DIRECTOR	3.00	X						NONE	NONE	NONE
(8) KELLI SHEIELDS	3.00							NOINE	NONE	NONE
DIRECTOR - PAST	3.00	X						NONE	NONE	NONE
(9) MARIE JONAS	3.00							INOINE	NONE	NONE
TREASURER	3.00	X		Х				NONE	NONE	NONE
(10) MEAGHAN MITCHELL	3.00							INOINE	NONE	NONE
DIRECTOR	3.00	X						NONE	NONE	NONE
(11) NIC JAY ALSTON	3.00	- 21						NONE	NONE	NONE
DIRECTOR - PAST	3.00	X						NONE	NONE	NONE
(12) PRESTON RHEA	3.00							110112	1,01,12	1,0111
DIRECTOR - PAST	3.00	X						NONE	NONE	NONE
(13) SARAH BINDMAN	3.00							110112	1,01,2	
DIRECTOR - PAST	3.00	Х						NONE	NONE	NONE
(14) CONSTANCE CAVALLAS	3.00	T								
SECRETARY	3.00	Х		Х				NONE	NONE	NONE

Form **990** (2021)

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Part VII Section A. Officers, Directors, Tru		y En	nplo			and F	ligl			ontinue		
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do l	not cl		sition	e than o	ne	Reportable	Reportable		stimated nount of	
	week (list any	,				is both		compensation from	compensation from related		other	
	hours for			_		or/truste		the	organizations		pensation	on
	related organizations	ndiv or di	nsti	Officer	(ey	High empl	Forme	organization	(W-2/1099-MISC)		om the anizatio	n
	below dotted	idua	tutio	œ,	emp	est o	еq	(W-2/1099-MISC)		_	d related	
	line)	Individual trustee or director	nal t		Key employee	om,				orga	anizatior	าร
		stee	Institutional trustee		Ф	ens						
			ě			Highest compensated employee						
15) STEPHEN BRAITSCH	3.00											
DIRECTOR	3.00	X						NONE	NONE			NONE
16) MANOJ MADHAVAN	3.00											
DIRECTOR	3.00	X						NONE	NONE			NONE
17) TYLER MORRIS	3.00											
DIRECTOR	3.00	X						NONE	NONE			NONE
18) AUDREY HARRIS	3.00											
DIRECTOR - PAST	3.00	Х						NONE	NONE			NONE
19) DAVID ALEXANDER	3.00	1										
DIRECTOR	3.00	X						NONE	NONE			NONE
20) KATHERINE CHEN	3.00	1										
DIRECTOR	3.00	X						NONE	NONE			NONE
21) JOANNA GUBMAN	3.00											
DIRECTOR	3.00	X						NONE	NONE			NONE
22) ROAN KATTOUW	3.00	-										
DIRECTOR	3.00	X						NONE	NONE			NONE
23) LUCAS LUX	3.00	-										
DIRECTOR	3.00	X						NONE	NONE			NONE
24) DANNY SAUTER	3.00											
DIRECTOR	3.00	X						NONE	NONE			NONE
	<del></del>	-										
1b Sub-total							_	303,888.	NONE			NONE
c Total from continuation sheets to Part VII, S							•	NONE				NONE
d Total (add lines 1b and 1c)	<del>-</del>						•	303,888.	NONE			NONE
2 Total number of individuals (including but not	limited to t						re		\$100,000 of			
reportable compensation from the organization	n <b>▶</b>					4						
											Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e,	key e	mp	loyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividi	uai						3		X
4 For any individual listed on line 1a, is the												
organization and related organizations gro												
individual										4		X
5 Did any person listed on line 1a receive or										_		37
for services rendered to the organization? If "Ye	es, comple	ie Sci	теац	ue J	ιτοr	sucn	per.	SUN		5	1	X

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Form **990** (2021)

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94-3228199

# Form 990 (2021) SAN Part VIII Statement of Revenue

ıaı		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	141,348.				
٩	С	Fundraising events 1c	56,013.				
fts	d	Related organizations 1d					
פֿיָּהַ	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
atio er		and similar amounts not included above . 1f	NONE				
혈美	g	Noncash contributions included in					
a E	"	lines 1a-1f 1g	\$				
ĕ ŏ ₩	h			197,361.			
			Business Code				
ဗ	2a	PROGRAM SERVICE FEES	900099	407,962.	407,962.		
ه چَ	b	GOVERNMENT CONTRACTS	900099	97,143.	97,143.		
Program Service Revenue	C	BUSINESS PARTNER SUPPORT	900099	6,000.	6,000.		
am	d						
PS	e						
F.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		511,105.			
	3	Investment income (including dividends,					
		other similar amounts)		13.			13
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>e</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
<u>-</u>	d	Net gain or (loss)	▶	NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$56,013.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	68,609.				
	b	Less: direct expenses 8b	68,609.				
	С	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.	▶	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	11,377.				
	b	Less: cost of goods sold	4,693.				
	С	Net income or (loss) from sales of inventory.	<u> ▶ ↓</u>	6,684.	6,684.		
S			Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE	900099	231.	231.		
lan	b						
es Se_Se	С						
Mis	d	All other revenue					
_	е	Total. Add lines 11a-11d		231.			
	12	Total revenue. See instructions	▶	715,394.	518,020.		13

Form **990** (2021)

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94-3228199

# 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							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	NONE						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	88,644.	68,428.	9,292.	10,924			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	373,492.	288,316.	39,149.	46,027.			
8	Pension plan accruals and contributions (include	NONE						
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	51,416.	35,099.	12,737.	3,580			
10	Payroll taxes	36,959.	28,506.	3,808.	4,645			
11	Fees for services (nonemployees):							
а	Management	NONE						
b	Legal	32,077.	21,897.	7,947.	2,233			
С	Accounting	970.	662.	240.	68			
d	Lobbying	NONE						
е	Professional fundraising services. See Part IV, line 17.	NONE						
f	Investment management fees	NONE						
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	24,063.	13,948.	10,065.	50			
12	Advertising and promotion	NONE						
13		10,012.	8,112.	270.	1,630			
14	Information technology	8,730.	6,246.	1,067.	1,417			
15	Royalties	NONE						
16	Occupancy	46,933.	32,577.	4,145.	10,211			
17	Travel	NONE						
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE						
20	Interest	NONE						
21		NONE						
22	Depreciation, depletion, and amortization	11,830.	10,933.	334.	563			
23	Insurance	9,215.	6,983.	830.	1,402			
24								
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
	OTHER OPERATING EXPENSES	3,987.	52.	3,859.	76			
b	DEPR ALLOCATED TO EDUC FUND	-8,338.	-8,338.					
С								
d								
	All other expenses	600.000	F10 401	00.746	22 22 5			
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	689,990.	513,421.	93,743.	82,826			
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)							

Form **990** (2021)

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	722,208.	1	623,652.
	2	Savings and temporary cash investments	130,604.	2	130,617.
	3	Pledges and grants receivable, net	NONE	3	NON
	4	Accounts receivable, net	81,437.	4	65,989.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
Š	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	23,470.	8	24,553.
As	9	Prepaid expenses and deferred charges	1,785.	9	1,785.
	_	Land, buildings, and equipment: cost or other	17703.		27703.
		basis. Complete Part VI of Schedule D 10a 130,587			
	h	Less: accumulated depreciation		100	13,247.
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11			NONE
	13	·	NONE		NONE
	14	Investments - program-related. See Part IV, line 11			
		Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11		15	36,442.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	896,285.
	17	Accounts payable and accrued expenses	107,422.	17	143,448.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	63,901.	19	24,697.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia;		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties		23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	1,029.	25	NONE
	26	Total liabilities. Add lines 17 through 25	322,252.	26	168,145.
Seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ョ	27	Net assets without donor restrictions	702,736.	27	728,140.
ä	28	Net assets with donor restrictions	NONE	28	NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
χĄ	32	Total net assets or fund balances	702,736.	32	728,140.
Net	33	Total liabilities and net assets/fund balances		33	896,285.
_	1		1,021,000		Form <b>990</b> (2021)

Form **990** (2021)

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	15,	<u> 394</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	89,	<u>990</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		25,	<u>404</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	02,	<u>736</u> .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	7	28,	140.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain on			
	Schedule O.	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:	ited on a			
	Separate basis X Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	orciabt of			
C	the audit, review, or compilation of its financial statements and selection of an independent accounts	_	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.	λριαιιί ΟΙΙ			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
зa	·	itti in the	3a		Х
<b>L</b>	Single Audit Act and OMB Circular A-133?	lorgo the	Ju		
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b		
	roganos sasas or assaso, explain willy on concasio o ana accombc any clope lancinto unacido such a	uuilu	, 0.5	1	i e

Form **990** (2021)

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### **SCHEDULE C** (Form 990)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► 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.

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 50 (c)(5) organizations	that have NOT filed Fulfil 3700 (election	on under section so r(n	1). Complete Fart II-b. Do no	it complete Fart II-A.
Tax)	(See separate instructions), the		Tax) (See separate in	nstructions) or Form 990-	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.		1	
Nam	e of organization				ntification number
	N FRANCISCO BICYCLE (				228199
Pai	•	organization is exempt under			
1	•	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions for
	definition of "political campa				
2		xpenditures. See instructions			
3	Volunteer hours for political	campaign activities. See instruction	ns		
Par		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 <b>▶</b> \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				<u>,                                    </u>
Par	•	organization is exempt under			5).
1		xpended by the filing organization			
2	Enter the amount of the filin 527 exempt function activiti	g organization's funds contributed	to other organization	ons for section ►\$	
3	Total exempt function expeline 17b	enditures. Add lines 1 and 2. Ent	er here and on Fo	rm 1120-POL, ▶\$	
5	Enter the names, addresses organization made payment the amount of political contact.	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom d or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organized from the filing organized from the filing organized for a separate po	ations to which the filing cation's funds. Also ente plitical organization, suc
	(a) Name	<b>(b)</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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch	edule C (Form 990) 2021 SA	N FRA	ANCISCO	BICYCLE COALI	ΓΙΟΝ	94	-3228199 Page <b>2</b>		
Pa	Complete if the organ section 501(h)).	nizatio	n is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under		
Α	Check ► if the filing organizati address, EIN, expen					ach affiliated group mem	ber's name,		
В	Check ► if the filing organizati	ion che	cked box A	and "limited contro	l" provisions app	ly.			
	Limits on (The term "expenditure		ing Expend		)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals		
	Total lobbying expenditures to influ						3 - 1		
	Total lobbying expenditures to influ								
	Total lobbying expenditures (add I		-						
	Other exempt purpose expenditure								
	Total exempt purpose expenditure								
	Lobbying nontaxable amount. En	-		•					
-	columns.			· · · · · · · · · · · · · · · · · · ·					
	If the amount on line 1e, column (a) or	r (b) is:	The lobbyin	a nontaxable amount i	s:				
	Not over \$500,000			amount on line 1e.					
	Over \$500,000 but not over \$1,000,00	00	\$100,000 pl	us 15% of the excess	over \$500,000.				
	Over \$1,000,000 but not over \$1,500,		\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000			us 5% of the excess o					
	Over \$17,000,000		\$1,000,000						
g	Grassroots nontaxable amount (ei	nter 25	% of line 1f)						
h	Subtract line 1g from line 1a. If ze	ro or le	ss, enter -0		[				
i	Subtract line 1f from line 1c. If zer	o or les	s, enter -0-		[				
	If there is an amount other than					tion file Form 4720			
	reporting section 4911 tax for this	year?					Yes No		
		4	-Year Aver	aging Period Under	Section 501(h)				
	(Some organizations that m	nade a	section 50	1(h) election do no	t have to compl	ete all of the five colun	nns below.		
		See t	he separat	e instructions for I	ines 2a through	2f.)			
		Lobb	ying Exper	ditures During 4-Ye	ear Averaging Pe	riod	1		
	Calendar year (or fiscal year beginning in)	(a)	2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) Total		
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column (e))								
С	: Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								

Schedule C (Form 990) 2021

JSA

1E1265 2.000

f Grassroots lobbying expenditures

5234TP XL8S 91837 **17** 

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768			
	and IIVan II wanness on lines to through the below wanted in Dart IV a detailed	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amoun	t	
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d e	Mailings to members, legislators, or the public?						
f g h	Grants to other organizations for lobbying purposes?						
i j 2a b	Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
1 2 3 Pa	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	m the (c)(5)	prior , <b>or s</b>	year?	1 x 2 x 3	Σ	X
_	answered "Yes."			4			
1 2	Dues, assessments and similar amounts from members	unts (	of	1			
a b	Current year			2a 2b			
с 3	Total			2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?	n of th obbyin	ne	4			
5 Pai	Taxable amount of lobbying and political expenditures. See instructions  **Total V Supplemental Information**		[	5			
Prov	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	up list)	); Part II-	A, line	s 1	and

Schedule C (Form 990) 2021

### SCHEDULE D (Form 990)

# Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2021
Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number SAN FRANCISCO BICYCLE COALITION 94-3228199 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 

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

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2021

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If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of it collection items (check all that apply):  a Public exhibition d Loan or exchange program  b Scholarly research e Other  c Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par 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 N  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance 1 1c Amount  c Beginning balance 1 1d Ending balance 1 1d  e Distributions during the year 1 1d  g Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N  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 of Contributions
a Public exhibition d Loan or exchange program Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other  Loan or exchange program Other Scholarly research e Other Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.  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?
a Public exhibition d Loan or exchange program Other Scholarly research e Other Scholarly research e Other Scholarly research e Other Scholarly research e Other  Loan or exchange program Other Scholarly research e Other Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.  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?
b Scholarly research Preservation for future generations  4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par 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 N  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 N  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance . 1c
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XIII.  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?
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pai XIII.  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?
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?
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  10 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  f Administrative expenses.  f Administrative expenses.
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes N  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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  11  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N  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 of Grants or scholarships  c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities and programs  f Administrative expenses
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 11  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 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 of Grants or scholarships and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses
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?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  Ending balance  1b 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 of Grants or scholarships  c Net investment earnings, gains, and losses.  d Grants or scholarships  e Other expenditures for facilities and programs.
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance
b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance
C Beginning balance
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  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 (organization and losses
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 (e) Four years back (e) Four years back (e) Four years back (f) Three years back (f) Thre
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  Description of year balance
1a Beginning of year balance
1a Beginning of year balance
b Contributions
c Net investment earnings, gains, and losses
and losses
d Grants or scholarships  e Other expenditures for facilities and programs
e Other expenditures for facilities and programs
and programs
f Administrative expenses
g End of year balance
· · · · · · · · · · · · · · · · · · ·
<ul> <li>Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:</li> <li>Board designated or quasi-endowment</li> </ul>
b Permanent endowment ▶ %
c Term 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.
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 (c) Accumulated depreciation  (d) Book value
1a Land
b Buildings
c Leasehold improvements
·
e Other       45,400.       45,400.       NON.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       13,247

JSA 1E1269 1.000

94-3228199

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 99	90, 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 valuat Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	00, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
<u>(1)</u>			Cook of one of your main	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	"Yes" on Form 99	90, Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De:	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	was the second second forms one Boat V and the	: 4F \		
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.  Complete if the organization answered line 25.	Tyes" on Form 99	90, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
	OF EQUALIZATION PAYABLE			NONE
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	NONE

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . Schedule D (Form 990) 2021

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
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:		
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	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:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	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 2		irn.	
	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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	Supplemental Information.	N=( \ \ /	Pro A. Don't V. Pro
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE S	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021

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# Part XIII Supplemental Information (continued)

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, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN 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 2018.

5234TP XL8S 91837 **23** 

# **SCHEDULE G** (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

vaille	of the organization					Linployer identification	on number
SAN	FRANCISCO BICYCLE COALITIO	ON				94-322819	9
Part			ization ar	swered "	Yes" on Form 99		
	Form 990-EZ filers are not re	-					
1	Indicate whether the organization rais	·			activities Check	all that apply	
		=		_			
а		е			non-government g		
b		f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written or	r oral agreement w	ith any ind	dividual (ir	ncluding officers, o	lirectors, trustees, _	
	or key employees listed in Form 990,						Yes No
b	If "Yes," list the 10 highest paid indiv	viduals or entities	(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the		,		· ·		
			T			(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in	organization
						col. (i)	-
			Yes	No			
1							
2							
3							
4							
5							
·							
6							
O							
7							
8							
9							
10							
				1			
Γotal							
2	List all states in which the organizat	tion is registered a	r liconcoc	to colicit	contributions or	has been notified	it is exempt from
3	registration or licensing.	lion is registered t	n licerisec	i to solicit	. COTITIDUTIONS OF	nas been notined	it is exempt from
	registration of licensing.						

Schedule G	(Form 990) 2021	SAN FRANC	TROO BICAG	LE COA	PTJTON			9	<u> 14 - 32</u>	228199	Page Z
Part II	Fundraising Events.	Complete if	the organizat	ion answe	ered "Yes"	on Form	990, Part l	V, line	18, o	r reporte	d more
	than \$15,000 of fundra gross receipts greater tha	J	contributions	and gros	s income	on Form	990-EZ, line	s 1 and	d 6b.	List ever	ts with
			(a) Event #1		(b) Even	t #2	(c) Other e	vents		4) Total ov	onte

		gross receipts greater than we, eet	0.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			BIKE TO WORK DA		NONE	(add col. (a) through col. (c))
ө			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	97,566.	27,056.		124,622.
Re	2	Less: Contributions	67,366.	-11,353.		56,013.
	3	Gross income (line 1 minus line 2)	30,200.	38,409.		68,609.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs		4,734.		4,734.
t Exp	7	Food and beverages	662.	4,778.		5,440.
Direc	8	Entertainment				
	9	Other direct expenses	29,538.	28,897.		58,435.
	10 11	Direct expense summary. Add line Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		68,609.
Pa	rt I	Gaming. Complete if the organic	anization answered "			reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a b	ì	Enter the state(s) in which the orgalis the organization licensed to configure (state of the configure).		in each of these state	es?	. Yes No
10a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		uring the tax year?	Yes No

Schedule G (Form 990) 2021

JSA 1E1282 1.000

Sched	dule G (Form 990 or 990-EZ) 2021 SAN FRANCISCO BICYCLE COALITION	94-322	8199	Page 3
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 entit	.у		
	formed to administer charitable gaming?	<u>,</u> . L	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	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 book records:	s and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives g		<b>-</b>	
	revenue?	L	_ Yes	No
b	3 · · · · · · · · · · · · · · · · · · ·	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organized to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation 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 additio			
	(see instructions).			

5234TP XL8S 91837 **26** 

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

SAN FRANCISCO BICYCLE COALITION

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:

IN 2021, THE SAN FRANCISCO BICYCLE COALITION 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 WERE NOT ABLE TO WORK 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 BECAUSE OF COVID-19 AND SHELTER IN PLACE ORDERS. HOWEVER, OUR STAFF CONTINUED TO ADVOCATE FOR THE SLOW STREETS PROGRAM IN SAN FRANCISCO. SLOW STREETS ALLOWED FOR REDUCTION IN CAR TRAFFIC AND MADE CITY STREETS INTO PUBLIC OPEN SPACE FOR RESIDENTS TO USE FOR OUTSIDE RECREATION TIME WHILE BEING MASKED AND SOCIALLY.

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

THE ORGANIZATION HAS ONE CLASS OF MEMBERS. ALL MEMBERS HAVE THE SAME VORING 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

# SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2021

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Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

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:

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

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

#### 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.

Name of the organization

SAN FRANCISCO BICYCLE COALITION

Employer identification number

94-3228199

FORM 990, PART III - PROGRAM SERVICE

## LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

IN 2021, THE SAN FRANCISCO BICYCLE COALITION 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 HAD LIMITED IN-PERSON WORK WITH VOLUNTEERS, MEMBERS AND COMMUNITY GROUPS TO GET THE GOVERMENT TO TRANSLATE THIS VISION INTO ON-THE-GROUND PROJECTS AND FUNDING TO PROJECTS TO BE CONSTRUCTED BECAUSE OF COVID-19 AND SHELTER IN PLACE ORDERS. HOWEVER, OUR STAFF CONTINUED TO ADVOCATE FOR THE SLOW STREETS PROGRAM IN SAN FRANCISCO. SLOW STREETS ALLOWED FOR A REDUCTION IN CAR TRAFFIC AND MADE CITY STREETS INTO PUBLIC OPEN SPACE FOR RESIDENTS TO USE FOR OUTSIDE RECREATION TIME WHILE BEING MASKED AND SOCIALLY DISTANCED.

JSA.

5234TP XL8S 91837 30

#### **SCHEDULE R** (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

SAN FRANCISCO BICYCLE COALITION

Open to Public Inspection

94-3228199

OMB No. 1545-0047

Employer identification number

Part I Identification of Disregarded Entities. Complete if the	e organization a	answered "Yes"	on Fo	rm 990, Part I\	/, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) egal domicile (state r foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor entit	ntrolling
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if the he tax year.	e organization a	nswer	ed "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	y Legal domicil or foreign co	,	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	rolled
							Yes	No
(1) SAN FRANCISCO BICYCLE COALITION EDUCATIO 20-5182730								
1720 MARKET STREET SAN FRANCISCO, CA 94102	PROMOTE BICYC	CA		501(C)(3)	509(A) (2)	SFBC	Х	
(2)								1

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

Schedule R (Form 990) 2021

(3)

(4)

(5)

(6)

(7)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportiona		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	oox 20 managir e K-1 partner		(k) Percentage ownership
		,,		,			Yes	No		Yes	No													
(1)																								
(2)																								
(3)																								
(4)																								
(5)																								
(6)																								
(7)																								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

				<u> </u>				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No						
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X						
b	Gift, grant, or capital contribution to related organization(s)				1b		X						
	Gift, grant, or capital contribution from related organization(s)												
	Loans or loan guarantees to or for related organization(s)												
	Loans or loan guarantees by related organization(s)				1e		X						
f	Dividends from related organization(s)				1f		X						
	Sale of assets to related organization(s)				1g		X						
h	Purchase of assets from related organization(s)				1h		X						
i	Exchange of assets with related organization(s)				1i		X						
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X						
k	k Lease of facilities, equipment, or other assets from related organization(s)												
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X						
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X						
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
0	Sharing of paid employees with related organization(s)				10	Х							
р	Reimbursement paid to related organization(s) for expenses				1p	_	X						
q	Reimbursement paid by related organization(s) for expenses				1q	Х							
	Other transfer of cash or property to related organization(s)				1r		X						
S	Other transfer of cash or property from related organization(s)				1s		X						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thre	sholds								
	(a) Name of related organization	(b) Transaction	<b>(c)</b> Amount involved	Method	(d)	minin	n						
	Name of Telated Organization	type (a-s)	Amount involved		int invol	,	y						
(1)	SFBC EDU FUND	0	1,250,970.	CASH R	EIMB	URS	EM						
(2)	SFBC EDU FUND	Q	554,596.	CASH R	EIMB	URS	EM						
(3)													

(4)

(5)

Schedule R (Form 990) 2021

# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	from tay under			(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man: part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 1Q

THE CONSOLIDATED ENTITY CONSISTS OF THE SAN FRANCISCO BICYCLE COALITION A 501(C)4 ORGANIZATION (THE COALITION) AND THE SAN FRANCISCO BICICYLE

COALITION EDUCATION FUND - A 501(C)(3) ORGANIZATION (THE EDUCATION FUND).

ELIGIBLE EXPENSES ARE DETERMINED BY CALCULATING THE CONSOLIDATED

ORGANIZATION'S DISTRIBUTION OF EACH STAFF MEMBER'S TIME WORKING ON

EDUCATION FUND'S ELIGIBLE WORK AND APPLYING THIS FORMULA TO THE

COALITION'S EXPENSES FOR THE QUARTER. THE MAJORITY OF THE WORK PERFORMED

AT THE ORGANIZATION IS FOR THE EDUCATION FUND; ONLY POLITICAL ACTIVITY

(ENDORSEMENTS, VOTER ENCOURAGEMENT) IS DESIGNATED AS COALITION ACITIVTY.

THE BREAKDOWN IS BASED ON SELF-REPORTED DATA PROVIDED BY EACH STAFF

MEMBER AND IS REVIEWED ON AN ANNUAL BASIS. THE TOTAL ELIGIBLE EXPENSES

INCLUDE BENEFITS, PROGRAM SUPPORT EXPENSES, AND OPERATING EXPENSES.

DEPENDING ON THE CASH BALANCE IN THE EDUCATION FUND, THE COALITION WILL

TRANSFER UP TO OR LESS THAN THE FULL ELIGIBLE AMOUNT.

5234TP XL8S 91837 **35** 

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service

Identifying number

S	AN FRANCISCO BICYCI	LE COALITIO	N						94-3228199
	iness or activity to which this form relates								
G	ENERAL DEPRECIATION	N							
	rt I Election To Expense C		Jnder Sect	ion 179					
	Note: If you have any lis				vou comp	lete Part I.			
1	Maximum amount (see instructions)	<u> </u>	•		· ·			1	
2	Total cost of section 179 property pl	aced in service (see in	etructions)					2	
3	Threshold cost of section 179 proper							3	
4	Reduction in limitation. Subtract line							4	
5	Dollar limitation for tax year. Subtract line 4 from	m line 1. If zero or less, enter -	<ul> <li>O If married filing</li> </ul>					5	
	separately, see instructions  (a) Description			1	ısiness use only			<u> </u>	
_	(a) Description	гогрюфену		<b>(b)</b> 0031 (b)	13111033 U3C Offi	(C) Licot	cu cost		
									-
	Listed property. Enter the amount from	om line 20			7				-
	Listed property. Enter the amount from							_	
8	Total elected cost of section 179 pro							8	
9	Tentative deduction. Enter the <b>small</b>	er of line 5 of line 8						9	
10	Carryover of disallowed deduction fr							10	
11	Business income limitation. Enter th		•		,			11	
12	Section 179 expense deduction. Add							12	
13	Carryover of disallowed deduction to				<b>1</b> 3				
	e: Don't use Part II or Part III below fo	<u> </u>							
Pa	rt II Special Depreciation A		•				•	e inst	ructions.)
14	Special depreciation allowance for				, .				
	during the tax year. See instructions							14	
15	Property subject to section 168(f)(1)							15	
16	Other depreciation (including ACRS)		<u> </u>	<u> </u>	<u> </u>			16	11,830
Pa	rt III MACRS Depreciation (	Don't include listed			tions.)				
				tion A					T
17	MACRS deductions for assets place							17	
18	If you are electing to group any	•	-			- r	al		
	asset accounts, check here								
	Section B - Assets	Placed in Service			r Using the	General Dep	reciat	ion S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/involver) only - see in	estment use	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-year property								
k	5-year property								
-	7-year property								
-	1 10-year property								
e	15-year property								
f	20-year property								
	25-year property				25 yrs.		S	/L	
	n Residential rental				27.5 yrs.	MM	S	/L	
	property				27.5 yrs.	MM	S	/L	
i	Nonresidential real				39 yrs.	MM	S	/L	
	property					MM	S	/L	
	Section C - Assets F	Placed in Service D	During 2021	Tax Year	Using the	Alternative De	preci	ation	System
20a	Class life						ī —	/L	
k	12-year				12 yrs.		S	/L	
_	30-year				30 yrs.	MM		/L	
	d 40-year				40 vrs.	MM		/L	

Listed property. Enter amount from line 28

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

Part IV Summary (See instructions.)

11,830.

94-3228199 Form 4562 (2021) **Property** (Include automobiles, certain other vehicles, certain aircraft, and property used entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No (e) (c) (b) (i) (h) (g) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 investment use (business/investment vehicles first) Convention cost in service deduction percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/L -% % S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (c) (f) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year. **32** Total other personal (noncommuting) 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (c) (a) (d) Amortization Date amortization Description of costs Code section Amortizable amount period or Amortization for this year begins percentage Amortization of costs that begins during your 2021 tax year (see instructions):

44

Amortization of costs that began before your 2021 tax year

**Total.** Add amounts in column (f). See the instructions for where to report

### **Description of Property**

GENERAL DEPRECIATION

#### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMPROVEM V	ARIOUS	49,486.	100.000			49,486.	36,696.	44,774.	SL		39.000				8,078
OFFICE & FURNITURE V	ARIOUS	35,701.	100.000			35,701.	23,414.	27,166.	SL		7.000				3,752
OTHER (SOFTWARE & V	ARIOUS	45,400.	100.000			45,400.	45,400.	45,400.	SL		5.000				
Less: Retired Assets									٦						
Subtotals		130,587.				130,587.	105,510.	117,340.							11,830
Listed Property															
Less: Retired Assets									1						
Subtotals		130,587.				120 505	105 510	115 240							11 020
AMORTIZATION		130,587.				130,587.	105,510.	117,340.							11,830.
	Date placed in	Cost					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life				-	amortization
														_	
														-	
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## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 94-3228199 SAN FRANCISCO BICYCLE COALITION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1720 MARKET STREET 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** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 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) Form 8870 12 06 Form 990-T (corporation) JEAN KAO The books are in the care of ► 1720 MARKET STREET - SAN FRANCISCO, CA 94102 Telephone No.  $\blacktriangleright$  415-508-7824 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 TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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 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. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

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