

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2024**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the <b>2024</b> calendar year, or tax year beginning , <b>2024</b> , and ending , <b>20</b>                                                                                                                                                                                                   |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>San Francisco Bicycle Coalition<br>1720 Market St.<br>San Francisco, CA 94102<br><br><b>F</b> Name and address of principal officer: Christopher White<br>Same As C Above | <b>D</b> Employer identification number<br>94-3228199<br><b>E</b> Telephone number<br>(415) 431-2453<br><br><b>G</b> Gross receipts \$ 423,658.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>J</b> Website: <a href="http://www.sfbike.org">www.sfbike.org</a>                                                                                                                                                                                                                                       |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>L</b> Year of formation: 1995 <b>M</b> State of legal domicile: CA                                                                                                                                                                                                                                      |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                   |                                                                                                                                                                                                                                                                                              |                                                                                  |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Part I Summary</b>                                                                             |                                                                                                                                                                                                                                                                                              |                                                                                  |
| <b>Activities &amp; Governance</b>                                                                | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>The mission of 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.</u> |                                                                                  |
|                                                                                                   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                                                                                             |                                                                                  |
|                                                                                                   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....                                                                                                                                                                                                             | <b>3</b> 13                                                                      |
|                                                                                                   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....                                                                                                                                                                                                 | <b>4</b> 13                                                                      |
|                                                                                                   | <b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....                                                                                                                                                                                                  | <b>5</b> 53                                                                      |
|                                                                                                   | <b>6</b> Total number of volunteers (estimate if necessary) .....                                                                                                                                                                                                                            | <b>6</b> 101                                                                     |
|                                                                                                   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....                                                                                                                                                                                                         | <b>7a</b> 0.                                                                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....             | <b>7b</b> 0.                                                                                                                                                                                                                                                                                 |                                                                                  |
| <b>Revenue</b>                                                                                    | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                                                                                                                                                                                                                 | <b>Prior Year</b> 982,555. <b>Current Year</b> 247,414.                          |
|                                                                                                   | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                                                                                                                                                                                                                  | 166,770. 157,543.                                                                |
|                                                                                                   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                                                                                                                                                                                                                | 3.                                                                               |
|                                                                                                   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....                                                                                                                                                                                                     | -3,315. 8,236.                                                                   |
|                                                                                                   | <b>12</b> Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....                                                                                                                                                                                           | 1,146,013. 413,193.                                                              |
|                                                                                                   | <b>Expenses</b>                                                                                                                                                                                                                                                                              | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                     |                                                                                                                                                                                                                                                                                              |                                                                                  |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... |                                                                                                                                                                                                                                                                                              | 1,029,289. 151,491.                                                              |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                    |                                                                                                                                                                                                                                                                                              |                                                                                  |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 19,601.                        |                                                                                                                                                                                                                                                                                              |                                                                                  |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                      |                                                                                                                                                                                                                                                                                              | 425,982. 40,578.                                                                 |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....         |                                                                                                                                                                                                                                                                                              | 1,455,271. 192,069.                                                              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                              | -309,258. 221,124.                                                                                                                                                                                                                                                                           |                                                                                  |
| <b>Net Assets or Fund Balances</b>                                                                | <b>20</b> Total assets (Part X, line 16) .....                                                                                                                                                                                                                                               | <b>Beginning of Current Year</b> 439,522. <b>End of Year</b> 392,345.            |
|                                                                                                   | <b>21</b> Total liabilities (Part X, line 26) .....                                                                                                                                                                                                                                          | 530,183. 244,969.                                                                |
|                                                                                                   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                                                                                                                                                                                                                   | -90,661. 147,376.                                                                |

|                                                                                                                                                                                                                                                                                                                       |                                                                      |                                               |                             |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|-----------------------------|-------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                      |                                               |                             |                                                                   |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                                                                      |                                               |                             |                                                                   |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer<br>Christopher White                            | Date<br>Executive Dir.                        |                             |                                                                   |
|                                                                                                                                                                                                                                                                                                                       | Type or print name and title                                         |                                               |                             |                                                                   |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Preparer's name<br>Felix Gorrindo                                    | Preparer's signature<br><i>Felix Gorrindo</i> | Date<br>09/03/2025          | Check <input type="checkbox"/> if self-employed PTIN<br>P01658413 |
|                                                                                                                                                                                                                                                                                                                       | Firm's name<br>Crosby & Kaneda, CPAs LLP                             |                                               |                             |                                                                   |
|                                                                                                                                                                                                                                                                                                                       | Firm's address<br>548 Market St PMB 97503<br>San Francisco, CA 94104 | Firm's EIN<br>N/A                             |                             |                                                                   |
|                                                                                                                                                                                                                                                                                                                       |                                                                      |                                               | Phone no.<br>(510) 835-2727 |                                                                   |

|                                                                                       |  |  |                                         |                             |
|---------------------------------------------------------------------------------------|--|--|-----------------------------------------|-----------------------------|
| May the IRS discuss this return with the preparer shown above? See instructions ..... |  |  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>BAA For Paperwork Reduction Act Notice, see the separate instructions.</b>         |  |  | Form 990 (2024)                         |                             |

Form **8868**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans****File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**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.

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.

**Part I – Identification**

|                                                                                            |                                                                                          |                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.                 | Taxpayer identification number (TIN) |
|                                                                                            | San Francisco Bicycle Coalition                                                          | 94-3228199                           |
|                                                                                            | Number, street, and room or suite number. If a P.O. box, see instructions.               |                                      |
|                                                                                            | 1720 Market St.                                                                          |                                      |
|                                                                                            | 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) ..... **01**

| Application Is For                          | Return Code | Application Is For                 | Return Code |
|---------------------------------------------|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 4720 (other than individual)  | 09          |
| Form 4720 (individual)                      | 03          | Form 5227                          | 10          |
| Form 990-PF                                 | 04          | Form 6069                          | 11          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 8870                          | 12          |
| Form 990-T (trust other than above)         | 06          | Form 5330 (individual)             | 13          |
| Form 990-T (corporation)                    | 07          | Form 5330 (other than individual)  | 14          |
| Form 1041-A                                 | 08          | Form 990-T (governmental entities) | 15          |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_

Plan Number \_\_\_\_\_

Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II – Automatic Extension of Time To File for Exempt Organizations** (see instructions)The books are in the care of Charles Belleville 978 Lolita Ave Redlands CA 92373 \_\_\_\_\_Telephone No. (415) 431-2453 \_\_\_\_\_ 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 ..... ☐

- 1 I request an automatic 6-month extension of time until 11/15 \_\_ \_\_, 20 25 \_\_, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 24 \_\_ or☐ tax year beginning \_\_\_\_\_, 20 \_\_ \_\_, and ending \_\_\_\_\_, 20 \_\_ \_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason:

☐ Initial return☐ Final return☐ Change in accounting period

|                                                                                                                                                                                                    |           |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. ....                                           | <b>3a</b> | \$ | 0. |
| <b>b</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. .... | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. ....              | <b>3c</b> | \$ | 0. |

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

The mission of San Francisco Bicycle Coalition is to transform San Francisco's streets and neighborhoods into more livable and safe places by promoting the bicycle for everyday transportation.

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 148,478. including grants of \$ ) (Revenue \$ 157,543.)

The San Francisco Bicycle Coalition conducts advocacy for safer street infrastructure and policies that encourage safe and sustainable transportation, especially bicycling. This advocacy work is largely funded and supported by members and volunteers. The organization also conducts Valet Bicycle Parking services at large-scale events throughout the city, including all home SF Giants games at Oracle Park. The program parked over 10,000 bicycles in 2024.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 148,478.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                          | Yes        | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> .....                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J.</i> .....                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                         | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                                | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                   | <b>24d</b> |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> .....                                                                                                                                                                      | <b>25a</b> | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> .....                                                                                                               | <b>25b</b> | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II.</i> .....                                                       | <b>26</b>  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L, Part III.</i> ..... | <b>27</b>  | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).                                                                                                                                                                                            |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> .....                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> .....                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                 | <b>35a</b> | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....                                                                                                                                                                 | <b>35b</b> |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....                                                                                                                                                                                                         | <b>36</b>  |    |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> .....                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O. ....                                                                                                                                                                                                   | <b>38</b>  | X  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

|                                                                                                                                                                         | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....                                                                            | <b>1a</b> | 8  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | X  |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|                                                                                                                                                                                                                                                            | Yes         | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. .... <b>2a</b> 53                                                 |             |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....                                                                                                                              | <b>2b</b> X |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....                                                                                                                                              | <b>3a</b>   | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. ....                                                                                                                                 | <b>3b</b>   |    |
| <b>4a</b> 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)? ..... | <b>4a</b>   | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                            |             |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....                                                                                                                                      | <b>5a</b>   | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....                                                                                                                            | <b>5b</b>   | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .....                                                                                                                                                                          | <b>5c</b>   |    |
| <b>6a</b> 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? .....                                    | <b>6a</b> X |    |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....                                                                                               | <b>6b</b> X |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                     |             |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....                                                                                             | <b>7a</b>   |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....                                                                                                                                             | <b>7b</b>   |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....                                                                                                        | <b>7c</b>   |    |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. .... <b>7d</b>                                                                                                                                                                 |             |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....                                                                                                                             | <b>7e</b>   |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....                                                                                                                                | <b>7f</b>   |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....                                                                                                            | <b>7g</b>   |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....                                                                                                          | <b>7h</b>   |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....                                                     | <b>8</b>    |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                         |             |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....                                                                                                                                                          | <b>9a</b>   |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....                                                                                                                                           | <b>9b</b>   |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                          |             |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. .... <b>10a</b>                                                                                                                                                         |             |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10b</b>                                                                                                                                      |             |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                         |             |    |
| <b>a</b> Gross income from members or shareholders. .... <b>11a</b>                                                                                                                                                                                        |             |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>11b</b>                                                                                                     |             |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....                                                                                                                                | <b>12a</b>  |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .... <b>12b</b>                                                                                                                                            |             |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                 |             |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....                                                                                                                                                        | <b>13a</b>  |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                   |             |    |
| <b>b</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. .... <b>13b</b>                                                                        |             |    |
| <b>c</b> Enter the amount of reserves on hand. .... <b>13c</b>                                                                                                                                                                                             |             |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....                                                                                                                                                | <b>14a</b>  | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. ....                                                                                                                                   | <b>14b</b>  |    |
| <b>15</b> 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? .....                                                                                 | <b>15</b>   | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                             |             |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....                                                                                                                            | <b>16</b>   | X  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                  |             |    |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .....                                     | <b>17</b>   |    |
| If "Yes," complete Form 6069.                                                                                                                                                                                                                              |             |    |

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

|                                                                                                                                                                                                                                                                                                                                          | Yes       | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 13<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |           |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 13                                                                                                                                                                                                                        |           |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                                                                                                                                 | <b>2</b>  | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .                                                                                                     | <b>3</b>  | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                                                                                                                      | <b>4</b>  | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                                                                                                                            | <b>5</b>  | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . See Schedule O . . . . .                                                                                                                                                                                                                                             | <b>6</b>  | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See Schedule O . . . . .                                                                                                                                                  | <b>7a</b> | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . See Sch O . . . . .                                                                                                                                           | <b>7b</b> | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                                               |           |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                                                                                                                   | <b>8a</b> | X  |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                                                                                                                                 | <b>8b</b> | X  |
| <b>9</b> 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. . . . .                                                                                                           | <b>9</b>  | X  |

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

|                                                                                                                                                                                                                                                                                                                 | Yes        | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                         | <b>10a</b> | X  |
| <b>b</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? . . . . .                                                                   | <b>10b</b> |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                | <b>11a</b> | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . See Schedule O                                                                                                                                                                                   |            |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                    | <b>12a</b> | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | <b>12b</b> | X  |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . See Schedule O . . . . .                                                                                                                    | <b>12c</b> | X  |
| <b>13</b> Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                   | <b>13</b>  | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                              | <b>14</b>  | X  |
| <b>15</b> 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?                                                                                  |            |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official. . See Schedule O . . . . .                                                                                                                                                                                                     | <b>15a</b> | X  |
| <b>b</b> Other officers or key employees of the organization. . See Schedule O . . . . .                                                                                                                                                                                                                        | <b>15b</b> | X  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                              |            |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                      | <b>16a</b> | X  |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> |    |

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
Charles Belleville 978 Lolita Ave Redlands CA 92373 (415) 431-2453

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

| (A)<br>Name and title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                         |                                                                                            | Individual trustee or director                                                                               | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) Christopher White<br>Executive Dir. | 8<br>28                                                                                    |                                                                                                              | X       |              |                              |        | 149,393.                                                                      | 0.                                                                                 | 13,856.                                                                                       |
| (2) Kenneth Kruse<br>Dir of Youth & Fam | 8<br>28                                                                                    |                                                                                                              |         |              | X                            |        | 105,166.                                                                      | 0.                                                                                 | 12,262.                                                                                       |
| (3) Janelle Wong<br>Executive Dir.      | 8<br>28                                                                                    |                                                                                                              | X       |              |                              |        | 18,122.                                                                       | 0.                                                                                 | 544.                                                                                          |
| (4) Roan Kattouw<br>President           | 1.45<br>2.55                                                                               | X                                                                                                            | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (5) Michael Nguyen<br>Treasurer         | 1.45<br>2.55                                                                               | X                                                                                                            | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (6) Raynell Cooper<br>Secretary         | 2.55<br>0                                                                                  | X                                                                                                            | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (7) Jean Kao<br>Board Member            | 0.3<br>1.7                                                                                 | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (8) Juli Uota<br>Board Member           | 0.3<br>1.7                                                                                 | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) Lisa Ratner<br>Board Member         | 2<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10) Marie Jonas<br>Board Member        | 0.3<br>1.7                                                                                 | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (11) Sarah Barnes<br>Board Member       | 0.3<br>1.7                                                                                 | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (12) Victoria Norman<br>Board Member    | 2<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (13) Joanna Gubman<br>Board Member      | 2<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) Meaghan Mitchell<br>Board Member   | 2<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

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Form 990 (2024)



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (15) Ernesto Cuellar<br>Board Member                           | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) Ryan Patterson<br>Board Member                            | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) Brandon Powell<br>Board Member                            | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (18) Alex Thornton<br>Board Member                             | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (19) Emily Steinglass<br>Board Member                          | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (20) Garrett Brinker<br>Board Member                           | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (21) Ike Khurgel<br>Board Member                               | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (22) Matt Biggar<br>Board Member                               | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (23) Christine Sun<br>Board Member                             | 1.7<br>0                                                                                   | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (24)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b>                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 272,681.                                                                      | 0.                                                                                 | 26,662.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 272,681.                                                                      | 0.                                                                                 | 26,662.                                                                                       |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**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)<br>Name and business address                                                                                                                                   | (B)<br>Description of services | (C)<br>Compensation |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
|                                                                                                                                                                    |                                |                     |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0                              |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                    |                                                                                         |                                                                                                                                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b> | 1a                                                                                      | Federated campaigns .....                                                                                                                 | 1a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                                                       | Membership dues .....                                                                                                                     | 1b                   | 113,035.                                           |                                         |                                                                  |
|                                                                    | c                                                                                       | Fundraising events .....                                                                                                                  | 1c                   | 26,607.                                            |                                         |                                                                  |
|                                                                    | d                                                                                       | Related organizations .....                                                                                                               | 1d                   |                                                    |                                         |                                                                  |
|                                                                    | e                                                                                       | Government grants (contributions) .....                                                                                                   | 1e                   | 62,814.                                            |                                         |                                                                  |
|                                                                    | f                                                                                       | All other contributions, gifts, grants, and<br>similar amounts not included above ...                                                     | 1f                   | 44,958.                                            |                                         |                                                                  |
|                                                                    | g                                                                                       | Noncash contributions included in<br>lines 1a-1f. ....                                                                                    | 1g                   | 22,505.                                            |                                         |                                                                  |
|                                                                    | h <b>Total.</b> Add lines 1a-1f .....                                                   |                                                                                                                                           |                      | 247,414.                                           |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                     | Business Code                                                                           |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 2a                                                                                      | Bike valet & classes                                                                                                                      | 900099               | 157,543.                                           | 157,543.                                |                                                                  |
|                                                                    | b                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | c                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | d                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | e                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | f                                                                                       | All other program service revenue ...                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | g <b>Total.</b> Add lines 2a-2f .....                                                   |                                                                                                                                           |                      | 157,543.                                           |                                         |                                                                  |
| <b>Other Revenue</b>                                               | 3 Investment income (including dividends, interest, and<br>other similar amounts) ..... |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 4 Income from investment of tax-exempt bond proceeds .....                              |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 5 Royalties .....                                                                       |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 6a                                                                                      | Gross rents .....                                                                                                                         | (i) Real             |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           | (ii) Personal        |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | b                                                                                       | Less: rental expenses                                                                                                                     | 6b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                                                       | Rental income or (loss)                                                                                                                   | 6c                   |                                                    |                                         |                                                                  |
|                                                                    | d Net rental income or (loss) .....                                                     |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 7a                                                                                      | Gross amount from<br>sales of assets<br>other than inventory                                                                              | (i) Securities       |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           | (ii) Other           |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | b                                                                                       | Less: cost or other basis<br>and sales expenses                                                                                           | 7b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                                                       | Gain or (loss) .....                                                                                                                      | 7c                   |                                                    |                                         |                                                                  |
|                                                                    | d Net gain or (loss) .....                                                              |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 8a                                                                                      | Gross income from fundraising events<br>(not including \$ 26,607.<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... |                      |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           | 8a                   | 11,880.                                            |                                         |                                                                  |
|                                                                    |                                                                                         |                                                                                                                                           | 8b                   | 6,645.                                             |                                         |                                                                  |
|                                                                    | c Net income or (loss) from fundraising events .....                                    |                                                                                                                                           |                      | 5,235.                                             |                                         |                                                                  |
|                                                                    | 9a                                                                                      | Gross income from gaming activities.<br>See Part IV, line 19 .....                                                                        |                      |                                                    |                                         |                                                                  |
| 9a                                                                 |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
| 9b                                                                 |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
| c Net income or (loss) from gaming activities .....                |                                                                                         |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
| 10a                                                                | Gross sales of inventory, less<br>returns and allowances. ....                          |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         | 10a                                                                                                                                       | 1,343.               |                                                    |                                         |                                                                  |
|                                                                    |                                                                                         | 10b                                                                                                                                       | 3,820.               |                                                    |                                         |                                                                  |
| c Net income or (loss) from sales of inventory .....               |                                                                                         |                                                                                                                                           | -2,477.              | -2,477.                                            |                                         |                                                                  |
| <b>Miscellaneous<br/>Revenue</b>                                   | Business Code                                                                           |                                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                    | 11a                                                                                     | Other income                                                                                                                              | 900099               | 5,478.                                             |                                         | 5,478.                                                           |
|                                                                    | b                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | c                                                                                       | -----                                                                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                    | d                                                                                       | All other revenue .....                                                                                                                   |                      |                                                    |                                         |                                                                  |
|                                                                    | e <b>Total.</b> Add lines 11a-11d .....                                                 |                                                                                                                                           |                      | 5,478.                                             |                                         |                                                                  |
| 12 <b>Total revenue.</b> See instructions .....                    |                                                                                         |                                                                                                                                           | 413,193.             | 155,066.                                           | 0.                                      | 5,478.                                                           |

**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. ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                    |                       |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                               |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.                                                                                                        |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members.                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                                | 16,111.               | 9,667.                          | 3,222.                                 | 3,222.                      |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                            | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages.                                                                                                                                                                                                                | 109,391.              | 93,493.                         | 6,184.                                 | 9,714.                      |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      | 2,334.                | 1,992.                          | 126.                                   | 216.                        |
| 9 Other employee benefits.                                                                                                                                                                                                                 | 13,127.               | 11,110.                         | 761.                                   | 1,256.                      |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 10,528.               | 8,681.                          | 767.                                   | 1,080.                      |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                              | 7,462.                |                                 | 7,462.                                 |                             |
| d Lobbying.                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f Investment management fees.                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)                                                                                                                            | 6,037.                | 2,622.                          | 2,772.                                 | 643.                        |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 1,682.                | 1,482.                          | 41.                                    | 159.                        |
| 13 Office expenses.                                                                                                                                                                                                                        | 8,370.                | 6,445.                          | 863.                                   | 1,062.                      |
| 14 Information technology.                                                                                                                                                                                                                 | 3,415.                | 2,833.                          | 248.                                   | 334.                        |
| 15 Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 10,179.               | 7,864.                          | 730.                                   | 1,585.                      |
| 17 Travel.                                                                                                                                                                                                                                 | 904.                  | 624.                            | 139.                                   | 141.                        |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings.                                                                                                                                                                                                 | 136.                  | 125.                            | 11.                                    |                             |
| 20 Interest.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21 Payments to affiliates.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization.                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 23 Insurance.                                                                                                                                                                                                                              | 2,168.                | 1,355.                          | 646.                                   | 167.                        |
| 24 Other expenses. Itemize expenses not covered 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.)                                     |                       |                                 |                                        |                             |
| a Other.                                                                                                                                                                                                                                   | 225.                  | 185.                            | 18.                                    | 22.                         |
| b                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| c                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| d                                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e All other expenses.                                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 192,069.              | 148,478.                        | 23,990.                                | 19,601.                     |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

|                             |                                                                                                                                      | (A)<br>Beginning of year                                                                                                                                                                                              |          | (B)<br>End of year |          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|----------|
| Assets                      | 1                                                                                                                                    | Cash — non-interest-bearing .....                                                                                                                                                                                     | 33,372.  | 1                  | 39,811.  |
|                             | 2                                                                                                                                    | Savings and temporary cash investments .....                                                                                                                                                                          | 263.     | 2                  | 1,018.   |
|                             | 3                                                                                                                                    | Pledges and grants receivable, net .....                                                                                                                                                                              | 60,891.  | 3                  |          |
|                             | 4                                                                                                                                    | Accounts receivable, net .....                                                                                                                                                                                        | 17,342.  | 4                  | 8,065.   |
|                             | 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 ..... |          | 5                  |          |
|                             | 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) .....                                                               |          | 6                  |          |
|                             | 7                                                                                                                                    | Notes and loans receivable, net .....                                                                                                                                                                                 |          | 7                  |          |
|                             | 8                                                                                                                                    | Inventories for sale or use .....                                                                                                                                                                                     | 26,170.  | 8                  | 22,350.  |
|                             | 9                                                                                                                                    | Prepaid expenses and deferred charges .....                                                                                                                                                                           | 46,587.  | 9                  | 56,626.  |
|                             | 10a                                                                                                                                  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                             |          |                    |          |
|                             | 10b                                                                                                                                  | Less: accumulated depreciation .....                                                                                                                                                                                  | 2,701.   | 10c                |          |
|                             | 11                                                                                                                                   | Investments — publicly traded securities .....                                                                                                                                                                        |          | 11                 |          |
|                             | 12                                                                                                                                   | Investments — other securities. See Part IV, line 11 .....                                                                                                                                                            |          | 12                 |          |
|                             | 13                                                                                                                                   | Investments — program-related. See Part IV, line 11 .....                                                                                                                                                             |          | 13                 |          |
|                             | 14                                                                                                                                   | Intangible assets .....                                                                                                                                                                                               |          | 14                 |          |
|                             | 15                                                                                                                                   | Other assets. See Part IV, line 11 .....                                                                                                                                                                              | 252,196. | 15                 | 264,475. |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....                                                               | 439,522.                                                                                                                                                                                                              | 16       | 392,345.           |          |
| Liabilities                 | 17                                                                                                                                   | Accounts payable and accrued expenses .....                                                                                                                                                                           | 267,946. | 17                 | 137,242. |
|                             | 18                                                                                                                                   | Grants payable .....                                                                                                                                                                                                  |          | 18                 |          |
|                             | 19                                                                                                                                   | Deferred revenue .....                                                                                                                                                                                                |          | 19                 |          |
|                             | 20                                                                                                                                   | Tax-exempt bond liabilities .....                                                                                                                                                                                     |          | 20                 |          |
|                             | 21                                                                                                                                   | Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                           |          | 21                 |          |
|                             | 22                                                                                                                                   | Loans and other payables to 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 .....      |          | 22                 |          |
|                             | 23                                                                                                                                   | Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                  |          | 23                 |          |
|                             | 24                                                                                                                                   | Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                    |          | 24                 |          |
|                             | 25                                                                                                                                   | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                           | 262,237. | 25                 | 107,727. |
|                             | 26                                                                                                                                   | <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                               | 530,183. | 26                 | 244,969. |
| Net Assets or Fund Balances | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/> |                                                                                                                                                                                                                       |          |                    |          |
|                             | 27                                                                                                                                   | Net assets without donor restrictions .....                                                                                                                                                                           | -90,661. | 27                 | 147,376. |
|                             | 28                                                                                                                                   | Net assets with donor restrictions .....                                                                                                                                                                              |          | 28                 |          |
|                             | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>          |                                                                                                                                                                                                                       |          |                    |          |
|                             | 29                                                                                                                                   | Capital stock or trust principal, or current funds .....                                                                                                                                                              |          | 29                 |          |
|                             | 30                                                                                                                                   | Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                |          | 30                 |          |
|                             | 31                                                                                                                                   | Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                |          | 31                 |          |
|                             | 32                                                                                                                                   | <b>Total net assets or fund balances.</b> .....                                                                                                                                                                       | -90,661. | 32                 | 147,376. |
|                             | 33                                                                                                                                   | <b>Total liabilities and net assets/fund balances.</b> .....                                                                                                                                                          | 439,522. | 33                 | 392,345. |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

|    |                                                                                                                |    |          |
|----|----------------------------------------------------------------------------------------------------------------|----|----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 413,193. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 192,069. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 221,124. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | -90,661. |
| 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  | 16,913.  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9  | 0.       |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 147,376. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

|                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                                                           |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                          |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                         |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.                                                          |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                                          |     |    |
| b Were the organization's financial statements audited by an independent accountant?                                                                                                                                       | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.                                                                       |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                               |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                                  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                         |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

BAA

TEEA0112L 09/05/24

Form 990 (2024)

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 4 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          |                                   | \$ 31,293.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 6,957.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 9,521.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 5,625.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

San Francisco Bicycle Coalition

94-3228199

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
|------------|-----------------------------------|----------------------------|-----------------------------------------------------------------------------------|
| 7<br><hr/> | <hr/>                             | \$22,000.                  | Person <input checked="" type="checkbox"/>                                        |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                       |
| <hr/>      | <hr/>                             | \$ <hr/>                   | Person <input type="checkbox"/>                                                   |
| <hr/>      | <hr/>                             |                            | Payroll <input type="checkbox"/>                                                  |
| <hr/>      | <hr/>                             |                            | Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |





Name of organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.)..... \$                      N/A  
Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
| -----                     | N/A                                     |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
| -----                     |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
| -----                     |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
| -----                     |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
| -----                     |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
| -----                     |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |

SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

San Francisco Bicycle Coalition

Employer identification number (EIN)

94-3228199

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
See instructions for definition of "political campaign activities." See Part IV
- 2 Political campaign activity expenditures. See instructions. \$ 13,810.
- 3 Volunteer hours for political campaign activities. See instructions. 65

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ 13,810.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$ 13,810.
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☒ No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                       |                                                                                                                                              |
| (2)      |             |         |                                                                       |                                                                                                                                              |
| (3)      |             |         |                                                                       |                                                                                                                                              |
| (4)      |             |         |                                                                       |                                                                                                                                              |
| (5)      |             |         |                                                                       |                                                                                                                                              |
| (6)      |             |         |                                                                       |                                                                                                                                              |

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period             |          |          |          |          |           |
|------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))   |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

BAA

Schedule C (Form 990) 2024

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                  | (a) |    | (b)    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                  | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| a Volunteers?                                                                                                                                                                                                                    |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                   |     |    |        |
| c Media advertisements?                                                                                                                                                                                                          |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                               |     |    |        |
| e Publications, or published or broadcast statements?                                                                                                                                                                            |     |    |        |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                           |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                    |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                      |     |    |        |
| i Other activities?                                                                                                                                                                                                              |     |    |        |
| j Total. Add lines 1c through 1i.                                                                                                                                                                                                |     |    |        |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?                                                                                                                                 |     |    |        |
| b If "Yes," enter the amount of any tax incurred under section 4912.                                                                                                                                                             |     |    |        |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.                                                                                                                                    |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                   |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                                        | X   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   |     | X  |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? |     | X  |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

|                                                                                                                                                                                                                                               |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 1 Dues, assessments, and similar amounts from members                                                                                                                                                                                         | 1  |    |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):                                                                                  |    |    |
| a Current year                                                                                                                                                                                                                                | 2a |    |
| b Carryover from last year                                                                                                                                                                                                                    | 2b |    |
| c Total                                                                                                                                                                                                                                       | 2c |    |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                             | 3  |    |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4  | 0. |
| 5 Taxable amount of lobbying and political expenditures. See instructions.                                                                                                                                                                    | 5  | 0. |

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part I-A, Line 1 - Direct and Indirect Political Campaign Activities**

The organization made endorsements in races for SF Mayor, 6 Supervisor races, a State Senator race, and 2 state assembly-member races. It also made endorsements on 3 ballot measures. In preparing to make these endorsements, the organization conducted questionnaires of candidates, surveyed members, and held mayoral interviews. Our endorsements were posted on our website as a blog, and a slate card

**Part IV** Supplemental Information *(continued)***Part I-A, Line 1 - Direct and Indirect Political Campaign Activities (continued)**

was sent out to members ONLY (thus not requiring that we register as a slate mailer organization). We also helped recruit volunteers for door knocking/lit drops.

**SCHEDULE D  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

San Francisco Bicycle Coalition

94-3228199

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements**

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a. ....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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.

b 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.

(i) Revenue included on Form 990, Part VIII, line 1. .... \$ \_\_\_\_\_

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

b Assets included in Form 990, Part X. .... \$ \_\_\_\_\_

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

c Beginning balance.

d Additions during the year.

e Distributions during the year.

f Ending balance.

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds**

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

|                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance.                     |                  |                |                    |                      |                     |
| b Contributions.                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses.     |                  |                |                    |                      |                     |
| d Grants or scholarships.                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs. |                  |                |                    |                      |                     |
| f Administrative expenses.                        |                  |                |                    |                      |                     |
| g End of year balance.                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c 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?

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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

**Part VI Land, Buildings, and Equipment**

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land.                  |                                      |                                 |                              |                |
| b Buildings.              |                                      |                                 |                              |                |
| c Leasehold improvements. |                                      |                                 |                              |                |
| d Equipment.              |                                      |                                 |                              |                |
| e Other.                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0.



**Part VII Investments – Other Securities**

N/A

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

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

**Part VIII Investments – Program Related**

N/A

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

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

**Part IX Other Assets**

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

| (a) Description                                                                  | (b) Book value |
|----------------------------------------------------------------------------------|----------------|
| (1) Related party receivables                                                    | 163,597.       |
| (2) Right of use - operating lease                                               | 100,878.       |
| (3) .....                                                                        |                |
| (4) .....                                                                        |                |
| (5) .....                                                                        |                |
| (6) .....                                                                        |                |
| (7) .....                                                                        |                |
| (8) .....                                                                        |                |
| (9) .....                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))..... | 264,475.       |

**Part X Other Liabilities**

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

| 1. (a) Description of liability                                                  | (b) Book value |
|----------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                         |                |
| (2) Operating lease liability                                                    | 107,727.       |
| (3) .....                                                                        |                |
| (4) .....                                                                        |                |
| (5) .....                                                                        |                |
| (6) .....                                                                        |                |
| (7) .....                                                                        |                |
| (8) .....                                                                        |                |
| (9) .....                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B))..... | 107,727.       |

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. See Part XIII. ☒

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

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

|   |                                                                                       |    |          |
|---|---------------------------------------------------------------------------------------|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements .....        | 1  | 413,193. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                   |    |          |
| a | Net unrealized gains (losses) on investments .....                                    | 2a |          |
| b | Donated services and use of facilities .....                                          | 2b |          |
| c | Recoveries of prior year grants .....                                                 | 2c |          |
| d | Other (Describe in Part XIII.) .....                                                  | 2d |          |
| e | Add lines 2a through 2d .....                                                         | 2e |          |
| 3 | Subtract line 2e from line 1 .....                                                    | 3  | 413,193. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                  |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b .....                | 4a |          |
| b | Other (Describe in Part XIII.) .....                                                  | 4b |          |
| c | Add lines 4a and 4b .....                                                             | 4c |          |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) ..... | 5  | 413,193. |

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

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

|   |                                                                                        |    |          |
|---|----------------------------------------------------------------------------------------|----|----------|
| 1 | Total expenses and losses per audited financial statements .....                       | 1  | 192,069. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                      |    |          |
| a | Donated services and use of facilities .....                                           | 2a |          |
| b | Prior year adjustments .....                                                           | 2b |          |
| c | Other losses .....                                                                     | 2c |          |
| d | Other (Describe in Part XIII.) .....                                                   | 2d |          |
| e | Add lines 2a through 2d .....                                                          | 2e |          |
| 3 | Subtract line 2e from line 1 .....                                                     | 3  | 192,069. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                     |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b .....                 | 4a |          |
| b | Other (Describe in Part XIII.) .....                                                   | 4b |          |
| c | Add lines 4a and 4b .....                                                              | 4c |          |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ..... | 5  | 192,069. |

**Part XIII Supplemental Information**

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

**Part X - FASB ASC 740 Footnote**

The Internal Revenue Service and the California Franchise Tax Board have determined that the Organization is exempt from federal and state income taxes under IRC 501(c)(4) and California RTC 23701. The Organization has evaluated its current tax positions as of December 31, 2024 and is not aware of any significant uncertain tax positions for which a reserve would be necessary. The Organization's tax returns are generally subject to examination by federal and state taxing authorities for three and four years, respectively, after they are filed.

BAA

Schedule D (Form 990) (Rev. 12-2024)

SCHEDULE G
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                   |                                                   |
| 1                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                   |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                   |                                                   |
| Total                                                     |               |                                                                |    |                                   |                                                                   | 0.                                                |

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |    | (a) Event #1<br><u>Winterfest</u><br>(event type)                  | (b) Event #2<br>_____<br>(event type) | (c) Other events<br><u>None</u><br>(total number) | (d) Total events<br>(add col. (a)<br>through col. (c)) |
|-----------------|----|--------------------------------------------------------------------|---------------------------------------|---------------------------------------------------|--------------------------------------------------------|
|                 |    |                                                                    |                                       |                                                   |                                                        |
| Revenue         | 1  | Gross receipts .....                                               | 38,487.                               |                                                   | 38,487.                                                |
|                 | 2  | Less: Contributions .....                                          | 26,607.                               |                                                   | 26,607.                                                |
|                 | 3  | Gross income (line 1 minus line 2) .....                           | 11,880.                               |                                                   | 11,880.                                                |
| Direct Expenses | 4  | Cash prizes .....                                                  |                                       |                                                   |                                                        |
|                 | 5  | Noncash prizes .....                                               |                                       |                                                   |                                                        |
|                 | 6  | Rent/facility costs .....                                          | 4,499.                                |                                                   | 4,499.                                                 |
|                 | 7  | Food and beverages .....                                           | 2,146.                                |                                                   | 2,146.                                                 |
|                 | 8  | Entertainment .....                                                |                                       |                                                   |                                                        |
|                 | 9  | Other direct expenses .....                                        |                                       |                                                   |                                                        |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                       |                                                   | 6,645.                                                 |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |                                       |                                                   | 5,235.                                                 |

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |             |   |
|--------------------------------------|-------------|---|
| <b>a</b> The organization's facility | <b>13 a</b> | % |
| <b>b</b> An outside facility         | <b>13 b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$\_\_\_\_\_ and the amount of gaming revenue retained by the third party \$\_\_\_\_\_
- c** If "Yes," enter the name and address of the third party:

Name

Address

**16** Gaming manager information:

Name

Gaming manager compensation \$\_\_\_\_\_

Description of services provided \_\_\_\_\_

☐

Director/officer

☐

Employee

☐

Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year... \$\_\_\_\_\_

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

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

**Attach to Form 990.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?  
If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

**Schedule J (Form 990) (Rev. 12-2024)**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                    |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (D) Nontaxable benefits | (E) Total of columns(B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------|--------------------------------|-----------------------------------------------------------------------|
|                                       |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                         |                                |                                                                       |
| Christopher White<br>1 Executive Dir. | (i)  | 149,393.                                                           | 0.                                  | 0.                                  | 2,325.                  | 11,531.                        | 163,249.                                                              |
|                                       | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                      | 0.                             | 0.                                                                    |
| 2                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 3                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 4                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 5                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 6                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 7                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 8                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 9                                     | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 10                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 11                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 12                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 13                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 14                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 15                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |
| 16                                    | (i)  |                                                                    |                                     |                                     |                         |                                |                                                                       |
|                                       | (ii) |                                                                    |                                     |                                     |                         |                                |                                                                       |

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

San Francisco Bicycle Coalition

Employer identification number

94-3228199

Part I Types of Property

|                                                                      | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art — Works of art.....                                            | X                             | 24                                                        | 3,544.                                                                                | Sale                                                         |
| 2 Art — Historical treasures.....                                    |                               |                                                           |                                                                                       |                                                              |
| 3 Art — Fractional interests.....                                    |                               |                                                           |                                                                                       |                                                              |
| 4 Books and publications.....                                        |                               |                                                           |                                                                                       |                                                              |
| 5 Clothing and household goods.....                                  |                               |                                                           |                                                                                       |                                                              |
| 6 Cars and other vehicles.....                                       |                               |                                                           |                                                                                       |                                                              |
| 7 Boats and planes.....                                              |                               |                                                           |                                                                                       |                                                              |
| 8 Intellectual property.....                                         |                               |                                                           |                                                                                       |                                                              |
| 9 Securities — Publicly traded.....                                  |                               |                                                           |                                                                                       |                                                              |
| 10 Securities — Closely held stock.....                              |                               |                                                           |                                                                                       |                                                              |
| 11 Securities — Partnership, LLC, or trust interests.....            |                               |                                                           |                                                                                       |                                                              |
| 12 Securities — Miscellaneous.....                                   |                               |                                                           |                                                                                       |                                                              |
| 13 Qualified conservation contribution —<br>Historic structures..... |                               |                                                           |                                                                                       |                                                              |
| 14 Qualified conservation contribution — Other.....                  |                               |                                                           |                                                                                       |                                                              |
| 15 Real estate — Residential.....                                    |                               |                                                           |                                                                                       |                                                              |
| 16 Real estate — Commercial.....                                     |                               |                                                           |                                                                                       |                                                              |
| 17 Real estate — Other.....                                          |                               |                                                           |                                                                                       |                                                              |
| 18 Collectibles.....                                                 |                               |                                                           |                                                                                       |                                                              |
| 19 Food inventory.....                                               |                               |                                                           |                                                                                       |                                                              |
| 20 Drugs and medical supplies.....                                   |                               |                                                           |                                                                                       |                                                              |
| 21 Taxidermy.....                                                    |                               |                                                           |                                                                                       |                                                              |
| 22 Historical artifacts.....                                         |                               |                                                           |                                                                                       |                                                              |
| 23 Scientific specimens.....                                         |                               |                                                           |                                                                                       |                                                              |
| 24 Archeological artifacts.....                                      |                               |                                                           |                                                                                       |                                                              |
| 25 Other (In-kind.....)                                              | X                             | 1                                                         | 5,228.                                                                                | FMV                                                          |
| 26 Other (Silent auction.....)                                       | X                             | 91                                                        | 13,733.                                                                               | Sale                                                         |
| 27 Other (.....)                                                     |                               |                                                           |                                                                                       |                                                              |
| 28 Other (.....)                                                     |                               |                                                           |                                                                                       |                                                              |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |
| 33  |     |    |

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

Schedule M (Form 990) 2024

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Employer identification number

San Francisco Bicycle Coalition

94-3228199

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder**

The Organization has one class of members. All members have the same voting rights.

**Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

Members elect the board of directors.

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders**

Members approve changes to the governing documents, such as the bylaws.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

The 990 is prepared by the external auditors and reviewed by the executive director and the board finance committee. The finance committee makes a recommendation to approve or request changes that full board votes on.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

The organization requires any involved party to report potential conflict of interest as stated in the written policy.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

The board consulted with an external recruiter to set the initial range for the ED role. Additionally, the board reviewed non profit ceo contract pay via SF Chronicle. Documentation includes emails, slacks and an email vote to set the ED pay in 2024.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

Comparability data was taken into account from Fair Pay for Northern California Nonprofits report, created by the Nonprofit Compensation Associates, Inc. We also used the change in CPI for the SF Bay Area to determine COLA adjustments.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

Upon request, the Organization makes its governing documents, conflict of interest policy and financial information available to the public.

SCHEDULE R  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

San Francisco Bicycle Coalition

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number

94-3228199

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) -----<br>-----<br>-----                                         |                         |                                                  |                     |                           |                                  |
| (2) -----<br>-----<br>-----                                         |                         |                                                  |                     |                           |                                  |
| (3) -----<br>-----<br>-----                                         |                         |                                                  |                     |                           |                                  |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                       | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Sec 512(b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|------------------------------------------|----|
|                                                                                             |                         |                                                  |                            |                                                     |                                  | Yes                                      | No |
| (1) SF Bicycle Coalition Ed Fund<br>1720 Market St<br>San Francisco, CA 94102<br>20-5182730 | Promote bicycling       | CA                                               | 501 (c) (3)                | 170 (b) (1) (A) (vi)                                | N/A                              |                                          | X  |
| (2) -----<br>-----<br>-----                                                                 |                         |                                                  |                            |                                                     |                                  |                                          |    |
| (3) -----<br>-----<br>-----                                                                 |                         |                                                  |                            |                                                     |                                  |                                          |    |
| (4) -----<br>-----<br>-----                                                                 |                         |                                                  |                            |                                                     |                                  |                                          |    |

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

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

**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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of<br>total income | (g)<br>Share of end-of-<br>year assets | (h)<br>Percentage<br>ownership | (i)<br>Sec 512(b)(13)<br>controlled entity? |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------------|----------------------------------------|--------------------------------------------------------|---------------------------------|----------------------------------------|--------------------------------|---------------------------------------------|----|
|                                                       |                         |                                                        |                                        |                                                        |                                 |                                        |                                | Yes                                         | No |
| (1) -----<br>-----<br>-----                           |                         |                                                        |                                        |                                                        |                                 |                                        |                                |                                             |    |
| (2) -----<br>-----<br>-----                           |                         |                                                        |                                        |                                                        |                                 |                                        |                                |                                             |    |
| (3) -----<br>-----<br>-----                           |                         |                                                        |                                        |                                                        |                                 |                                        |                                |                                             |    |

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

|                                                                                                                                            | Yes        | No |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... | <b>1 a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                                             | <b>1 b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                                                           | <b>1 c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                                                  | <b>1 d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                                                         | <b>1 e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....                                                                                      | <b>1 f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                                                   | <b>1 g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                                             | <b>1 h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                                             | <b>1 i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                                                  | <b>1 j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                                                | <b>1 k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              | <b>1 l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               | <b>1 m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               | <b>1 n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                                                      | <b>1 o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                                                  | <b>1 p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                                                  | <b>1 q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                                               | <b>1 r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                                             | <b>1 s</b> | X  |

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (1)                                 |                                  |                        |                                                 |
| (2)                                 |                                  |                        |                                                 |
| (3)                                 |                                  |                        |                                                 |
| (4)                                 |                                  |                        |                                                 |
| (5)                                 |                                  |                        |                                                 |
| (6)                                 |                                  |                        |                                                 |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant<br>income<br>(related, unre-<br>lated, excluded<br>from tax under<br>sections 512-514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----|---------------------------------|------------------------------------------|----------------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                         |                         |                                                        |                                                                                                           | Yes                                                               | No |                                 |                                          | Yes                                          | No |                                                                            | Yes                                       | No |                                |
| (1) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (2) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (3) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (4) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (5) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (6) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (7) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |
| (8) -----<br>-----<br>-----             |                         |                                                        |                                                                                                           |                                                                   |    |                                 |                                          |                                              |    |                                                                            |                                           |    |                                |

**Part VII** **Supplemental Information**

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

**Part VII - Supplemental Information**

Schedule R, Part V, Line 1P &amp; 1Q

The Organization has a shared cost allocation agreement (the Agreement) with a related 501(c)(3) organization, San Francisco Bicycle Coalition Education Fund Inc. (the "Education Fund"). Under the Agreement, the Organization shares personnel services and various overhead expenses with the Education Fund. During the year ended December 31, 2024, the Organization received cash payments totaling \$1,730,000. As of December 31, 2024, \$163,597 was due from the Education Fund.



2024

California Exempt Organization  
Annual Information Return

199

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name

SAN FRANCISCO BICYCLE COALITION

California corporation number

1898679

Additional information. See instructions.

FEIN

94-3228199

Street address (suite or room)

1720 MARKET ST.

PMB no.

City

SAN FRANCISCO

State

CA

ZIP code

94102

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First return. ☐ Yes ☒ No
- B** Amended return. ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust. ☐ Yes ☒ No
- D** Final information return?  
☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) ☐
- E** Check accounting method:  
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other
- F** Federal return filed? 1 ☐ 990T 2 ☐ 990-PF  
3 ☐ Sch H (990) 4 ☐ Other 990 series
- G** Is this a group filing? See instructions. ☐ Yes ☒ No
- H** Is this organization in a group exemption  
If "Yes," what is the parent's name? ☐ Yes ☒ No

- I** Did the organization have any changes to its guidelines  
not reported to the FTB? See instructions. ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the  
organization engaged in political activities?  
See instructions. ☐ Yes ☐ No
- K** Is the organization exempt under R&TC Section 23701g? ... ☐ Yes ☒ No  
If "Yes," enter the gross receipts from  
nonmember sources. \$ \_\_\_\_\_
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report  
taxable income? ☐ Yes ☒ No
- N** Is the organization under audit by the IRS or has the IRS  
audited in a prior year? ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No  
Date filed with IRS \_\_\_\_\_

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

|                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                 |                             |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|
| Receipts and Revenues    | 1                                                                                                                                                                                                                                                                                                                      | Gross sales or receipts from other sources. From Side 2, Part II, line 8.                                                                                                    | 1                                               | 176,244.                    |
|                          | 2                                                                                                                                                                                                                                                                                                                      | Gross dues and assessments from members and affiliates.                                                                                                                      | 2                                               |                             |
|                          | 3                                                                                                                                                                                                                                                                                                                      | Gross contributions, gifts, grants, and similar amounts received. SEE SCH. B.                                                                                                | 3                                               | 247,414.                    |
|                          | 4                                                                                                                                                                                                                                                                                                                      | Total gross receipts for filing requirement test. Add line 1 through line 3.<br>This line must be completed. If the result is less than \$50,000, see General Information B. | 4                                               | 423,658.                    |
|                          | 5                                                                                                                                                                                                                                                                                                                      | Cost of goods sold.                                                                                                                                                          | 5                                               | 3,820.                      |
|                          | 6                                                                                                                                                                                                                                                                                                                      | Cost or other basis, and sales expenses of assets sold.                                                                                                                      | 6                                               |                             |
|                          | 7                                                                                                                                                                                                                                                                                                                      | Total costs. Add line 5 and line 6.                                                                                                                                          | 7                                               | 3,820.                      |
|                          | 8                                                                                                                                                                                                                                                                                                                      | Total gross income. Subtract line 7 from line 4.                                                                                                                             | 8                                               | 419,838.                    |
| Expenses                 | 9                                                                                                                                                                                                                                                                                                                      | Total expenses and disbursements. From Side 2, Part II, line 18.                                                                                                             | 9                                               | 198,714.                    |
|                          | 10                                                                                                                                                                                                                                                                                                                     | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.                                                                                             | 10                                              | 221,124.                    |
| Payments                 | 11                                                                                                                                                                                                                                                                                                                     | Total payments.                                                                                                                                                              | 11                                              |                             |
|                          | 12                                                                                                                                                                                                                                                                                                                     | Use tax. See General Information K.                                                                                                                                          | 12                                              |                             |
|                          | 13                                                                                                                                                                                                                                                                                                                     | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.                                                                                            | 13                                              |                             |
|                          | 14                                                                                                                                                                                                                                                                                                                     | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.                                                                                             | 14                                              |                             |
|                          | 15                                                                                                                                                                                                                                                                                                                     | Penalties and interest. See General Information J.                                                                                                                           | 15                                              |                             |
|                          | 16                                                                                                                                                                                                                                                                                                                     | Balance due. Add line 12 and line 15. Then subtract line 11 from the result.                                                                                                 | 16                                              | 0.                          |
| Sign Here                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                                                                                                                                                                              |                                                 |                             |
|                          | Signature of officer                                                                                                                                                                                                                                                                                                   | Title<br>EXECUTIVE DIR.                                                                                                                                                      | Date                                            | Telephone<br>(415) 431-2453 |
| Paid Preparer's Use Only | Preparer's signature                                                                                                                                                                                                                                                                                                   | Date<br>09/03/2025                                                                                                                                                           | Check if self-employed <input type="checkbox"/> | PTIN<br>P01658413           |
|                          | Firm's name (or yours, if self-employed) and address                                                                                                                                                                                                                                                                   | Firm's FEIN<br>N/A                                                                                                                                                           |                                                 |                             |
|                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                                                 | Telephone<br>(510) 835-2727 |
|                          | May the FTB discuss this return with the preparer shown above? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                              |                                                 |                             |

CAC1112L 01/14/25

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

|                                    |    |                                                                                                                                    |   |    |          |
|------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------|---|----|----------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions. ....                                                       | • | 1  | 1,343.   |
|                                    | 2  | Interest .....                                                                                                                     | • | 2  |          |
|                                    | 3  | Dividends .....                                                                                                                    | • | 3  |          |
|                                    | 4  | Gross rents .....                                                                                                                  | • | 4  |          |
|                                    | 5  | Gross royalties .....                                                                                                              | • | 5  |          |
|                                    | 6  | Gross amount received from sale of assets (See instructions) .....                                                                 | • | 6  |          |
|                                    | 7  | Other income. Attach schedule. .... <b>SEE STATEMENT 1</b> .....                                                                   | • | 7  | 174,901. |
| <b>Expenses and Disbursements</b>  | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1. .... |   | 8  | 176,244. |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid. Attach schedule. ....                                                      | • | 9  |          |
|                                    | 10 | Disbursements to or for members. ....                                                                                              | • | 10 |          |
|                                    | 11 | Compensation of officers, directors, and trustees. Attach schedule. ....                                                           | • | 11 | 16,111.  |
|                                    | 12 | Other salaries and wages .....                                                                                                     | • | 12 | 109,391. |
|                                    | 13 | Interest .....                                                                                                                     | • | 13 |          |
|                                    | 14 | Taxes .....                                                                                                                        | • | 14 | 10,528.  |
|                                    | 15 | Rents .....                                                                                                                        | • | 15 | 10,179.  |
|                                    | 16 | Depreciation and depletion (See instructions) .....                                                                                | • | 16 |          |
|                                    | 17 | Other expenses and disbursements. Attach schedule. .... <b>SEE STATEMENT 2</b> .....                                               | • | 17 | 52,505.  |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9. ....                |   | 18 | 198,714. |

| <b>Schedule L Balance Sheet</b>  |                                                         | <b>Beginning of taxable year</b> |          | <b>End of taxable year</b> |          |
|----------------------------------|---------------------------------------------------------|----------------------------------|----------|----------------------------|----------|
|                                  |                                                         | (a)                              | (b)      | (c)                        | (d)      |
| <b>Assets</b>                    |                                                         |                                  |          |                            |          |
| 1                                | Cash .....                                              |                                  | 33,635.  | •                          | 40,829.  |
| 2                                | Net accounts receivable .....                           |                                  | 78,233.  | •                          | 8,065.   |
| 3                                | Net notes receivable .....                              |                                  |          | •                          |          |
| 4                                | Inventories .....                                       |                                  | 26,170.  | •                          | 22,350.  |
| 5                                | Federal and state government obligations .....          |                                  |          | •                          |          |
| 6                                | Investments in other bonds .....                        |                                  |          | •                          |          |
| 7                                | Investments in stock .....                              |                                  |          | •                          |          |
| 8                                | Mortgage loans .....                                    |                                  |          | •                          |          |
| 9                                | Other investments. Attach schedule. ....                |                                  |          | •                          |          |
| 10 a                             | Depreciable assets. ....                                | 131,762.                         |          |                            |          |
| b                                | Less accumulated depreciation. ....                     | 129,061.                         | 2,701.   |                            |          |
| 11                               | Land .....                                              |                                  |          | •                          |          |
| 12                               | Other assets. Attach schedule. .... <b>STM 3</b>        |                                  | 298,783. | •                          | 321,101. |
| 13                               | <b>Total assets</b> .....                               |                                  | 439,522. |                            | 392,345. |
| <b>Liabilities and net worth</b> |                                                         |                                  |          |                            |          |
| 14                               | Accounts payable .....                                  |                                  | 267,946. | •                          | 137,242. |
| 15                               | Contributions, gifts, or grants payable .....           |                                  |          | •                          |          |
| 16                               | Bonds and notes payable .....                           |                                  |          | •                          |          |
| 17                               | Mortgages payable .....                                 |                                  |          | •                          |          |
| 18                               | Other liabilities. Attach schedule. .... <b>STM 4</b>   |                                  | 262,237. |                            | 107,727. |
| 19                               | Capital stock or principal fund .....                   |                                  | -90,661. | •                          | 147,376. |
| 20                               | Paid-in or capital surplus. Attach reconciliation. .... |                                  |          | •                          |          |
| 21                               | Retained earnings or income fund. ....                  |                                  |          | •                          |          |
| 22                               | <b>Total liabilities and net worth</b> .....            |                                  | 439,522. |                            | 392,345. |

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

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

|   |                                                                                         |   |          |    |                                                                                            |   |          |
|---|-----------------------------------------------------------------------------------------|---|----------|----|--------------------------------------------------------------------------------------------|---|----------|
| 1 | Net income per books .....                                                              | • | 221,124. | 7  | Income recorded on books this year not included in this return. Attach schedule .....      | • |          |
| 2 | Federal income tax .....                                                                | • |          | 8  | Deductions in this return not charged against book income this year. Attach schedule. .... | • |          |
| 3 | Excess of capital losses over capital gains .....                                       | • |          | 9  | <b>Total.</b> Add line 7 and line 8 .....                                                  |   |          |
| 4 | Income not recorded on books this year. Attach schedule. ....                           | • |          | 10 | <b>Net income per return.</b> Subtract line 9 from line 6. ....                            |   | 221,124. |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule ..... | • |          |    |                                                                                            |   |          |
| 6 | <b>Total.</b> Add line 1 through line 5. ....                                           |   | 221,124. |    |                                                                                            |   |          |

Client SFBC

San Francisco Bicycle Coalition

94-3228199

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**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

|                                 |    |                 |
|---------------------------------|----|-----------------|
| Income from Special Events..... | \$ | 11,880.         |
| Other income.....               |    | 5,478.          |
| Program Service Revenue.....    |    | 157,543.        |
| Total                           | \$ | <u>174,901.</u> |

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

|                                             |    |                |
|---------------------------------------------|----|----------------|
| Accounting Fees.....                        | \$ | 7,462.         |
| Advertising and Promotion.....              |    | 1,682.         |
| Conferences, Conventions, and Meetings..... |    | 136.           |
| Information Technology.....                 |    | 3,415.         |
| Insurance.....                              |    | 2,168.         |
| Office Expenses.....                        |    | 8,370.         |
| Other.....                                  |    | 225.           |
| Other Employee Benefit.....                 |    | 13,127.        |
| Other fees.....                             |    | 6,037.         |
| Pension Plan Contributions.....             |    | 2,334.         |
| Special Event Expenses.....                 |    | 6,645.         |
| Travel.....                                 |    | 904.           |
| Total                                       | \$ | <u>52,505.</u> |

**Statement 3**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

|                                            |    |                 |
|--------------------------------------------|----|-----------------|
| Prepaid Expenses and Deferred Charges..... |    | 56,626.         |
| Related party receivables.....             |    | 163,597.        |
| Right of use - operating lease.....        |    | 100,878.        |
| Total                                      | \$ | <u>321,101.</u> |

**Statement 4**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

|                                |    |                 |
|--------------------------------|----|-----------------|
| Operating lease liability..... |    | 107,727.        |
| Total                          | \$ | <u>107,727.</u> |

**2024**

**California Supplemental Information**

**Page 1**

**Client SFBC**

**San Francisco Bicycle Coalition**

**94-3228199**

9/03/25

08:45AM

California Deductions (Form 199)  
Compensation of officers, directors and trustees  
See Form 990 and related schedules

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

(For Registry Use Only)

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA****Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue &amp; Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

|                                                                                                                    |                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SAN FRANCISCO BICYCLE COALITION</b><br>Name of Organization                                                     | Check if:<br><input type="checkbox"/> Change of address<br><input type="checkbox"/> Amended report<br><input type="checkbox"/> Organization requests email notifications |
| List all DBAs and names the organization uses or has used<br><b>1720 MARKET ST.</b><br>Address (Number and Street) | State Charity Registration Number <b>099138</b>                                                                                                                          |
| <b>SAN FRANCISCO, CA 94102</b><br>City or Town, State, and ZIP Code                                                | Corporation or Organization No. <b>1898679</b>                                                                                                                           |
| <b>(415) 431-2453</b><br>Telephone Number                                                                          | <b>OPERATIONS@SFBBIKE.ORG</b><br>Email Address                                                                                                                           |
| Federal Employer ID No. <b>94-3228199</b>                                                                          |                                                                                                                                                                          |

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)  
Make Check Payable to Department of Justice**

| Total Revenue                   | Fee  | Total Revenue                        | Fee   | Total Revenue                           | Fee     |
|---------------------------------|------|--------------------------------------|-------|-----------------------------------------|---------|
| Less than \$50,000              | \$25 | Between \$250,001 and \$1 million    | \$100 | Between \$20,000,001 and \$100 million  | \$800   |
| Between \$50,000 and \$100,000  | \$50 | Between \$1,000,001 and \$5 million  | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million              | \$1,200 |

**PART A – ACTIVITIES**For your most recent full accounting period (beginning 1/01/24 ending 12/31/24) list:

**Total Revenue \$**  
 (including noncash contributions) 413,193. **Noncash Contributions \$** 22,505. **Total Assets \$** 392,345.  
**Program Expenses \$** 148,478. **Total Expenses \$** 192,069.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT****Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|                                                                                                                                                                                                                                                                                             | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?                                                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?<br><div style="text-align: right;">SEE STATEMENT 1</div>                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5 During this reporting period, did the organization receive any governmental funding?<br><div style="text-align: right;">SEE STATEMENT 2</div>                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes?                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program?<br><div style="text-align: right;">SEE STATEMENT 3</div>                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?                                                                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

|                                                           |                                       |           |
|-----------------------------------------------------------|---------------------------------------|-----------|
| <b>CHRISTOPHER WHITE</b><br>Signature of Authorized Agent | <b>EXECUTIVE DIR.</b><br>Printed Name | <br>Title |
|                                                           |                                       | Date      |

Client SFBC

San Francisco Bicycle Coalition

94-3228199

9/03/25

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**Statement 1**  
**Form RRF-1, Part B, Line 4**  
**Fundraisers Used**

CARS  
4669 Murphy Canyon Rd Ste 200  
San Diego, CA 92123  
855-500-7433

**Statement 2**  
**Form RRF-1, Part B, Line 5**  
**Government Agency That Provided Funding**

SFMTA  
Miriam Sorell  
TDM Program Manager  
1 South Van Ness Avenue, 7th Floor  
San Francisco, CA 94103  
Miriam.Sorell@sfmta.com

SFMTC  
Clarissa Cabansagan  
95 S Market Street, suite 648  
San Jose, CA 95109  
(408) 287-7259

**Statement 3**  
**Form RRF-1, Part B, Line 7**  
**Vehicle Donation Program Information**

CARS  
4669 Murphy Canyon Rd Ste 200  
San Diego, CA 92123  
855-500-7433