BONARI AND CO. CPAS 3724 LAKESIDE DRIVE, SUITE 201 RENO, NV 89509

RENO BIKE PROJECT, INC. 541 E. 4TH STREET RENO, NV 89512

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CLIENT'S COPY

Bonari and Co. CPAS 3724 Lakeside Drive, Suite 201 Reno, NV 89509 (775) 322-5850

Reno Bike Project, Inc. 541 E. 4th Street Reno, NV 89512

Dear Noah and Kyle:

Enclosed is the organization's 2009 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

Please sign and mail on or before August 16, 2010.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Bonari and Co. CPAS

#### Form **990-EZ** Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

_			llendar year, or tax year beginning		and end	ing			
	Check it applicat	ole: Please	C Name of organization				D Emp	loyer i	identification number
	Addre chang	use IRS label or							
	Name chang	print or	F						988800
	Initia retur	n See	Number and street (or P.O. box, if mail is not delivered to street address	5)	F	Room/suite	<b>E</b> Tele	phone	number
	Term ated	nin- Specific Instruc-	541 E. 4TH STREET				( '	775	) 323-4488
	Amer retur	nded tions.	City or town, state or country, and ZIP + 4		•		<b>F</b> Gro	up Exe	emption
	Applic pendii		RENO, NV 89512				Nun	nber 🕨	<b>&gt;</b>
			(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	n a com	npleted	<b>G</b> Accour	nting m	ethod:	Cash X Accrual
			Schedule A (Form 990 or 990-EZ).			Other (	specify	<b>)</b>	
ī	Websi	te: ▶RE	ENOBIKEPROJECT.COM			H Check	<b>▶</b> L	if t	the organization is <b>not</b>
J	Tax-ex	cempt status	s (check only one) $ X$ 501(c) (3) $\blacktriangleleft$ (insert no.) $4947(a)$ (	(1) or	527	required to	attach		dule B (Form 990, 990-EZ, or 990-PF).
	Check		the organization is not a section 509(a)(3) supporting organization and its g	gross re					
			orm 990 return is not required, but if the organization chooses to file a return						
	Add lin		and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 9					\$	144480.
	art I		nue, Expenses, and Changes in Net Assets or Fund						
_	1	Contributio	ons, gifts, grants, and similar amounts received					1	41808.
	2		ervice revenue including government fees and contracts					2	900.
	3		ip dues and assessments					3	
	4		t income					4	10.
	5a		ount from sale of assets other than inventory				·····	-	
	b		or other basis and sales expenses	-					
	C							5c	
<u>e</u>	6	•	ents and activities (complete applicable parts of Schedule G). If any amount i						
en	a		enue (not including \$ of contributions		<b>33</b> ,				
Revenue	"		n line 1)	6a	1	161	91.		
_	Ь		at expenses other than fundraising expenses	6b			50.		
	C		e or (loss) from special events and activities (Subtract line 6b from line 6a)					6c	7941.
	7a		s of inventory, less returns and allowances STMT 5	7a		855	71.	-	,,,,,
	b		of goods sold	7b		397			
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		ı			7c	45828.
	8		nue (describe					8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				┱╵	9	96487.
_	10	Grants and	d similar amounts paid (attach schedule)					10	
	11	Renefits na	aid to or for members					11	
s	12	Salaries of	ther compensation, and employee benefits					12	35364.
sesued	13	Profession	al fees and other payments to independent contractors				••••••	13	2265.
	14	Occupancy	y, rent, utilities, and maintenance S	EE	STATE	MENT	4	14	17991.
Ă	15		ublications, postage, and shipping				····	15	
	16		enses (describe > S	EE	STATE	MENT	1 )	16	18897.
	17		enses. Add lines 10 through 16				′ ь	17	74517.
_	18	Excess or (	(deficit) for the year (Subtract line 17 from line 9)					18	21970.
ets	19		or fund balances at beginning of year (from line 27, column (A))				·····		
Net Assets			ee with end-of-year figure reported on prior year's return)					19	35838.
et/	20	Other chan	nges in net assets or fund balances (attach explanation)	EE	STATE	MENT	3	20	-379.
Ž	21		or fund balances at end of year. Combine lines 18 through 20					21	57429.
Р	art II		ice Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mo	ore, file	Form 990 i	nstead of Fo	orm 990		
			(See the instructions for Part II.)			Beginning o			(B) End of year
22	2 Cas	sh. savings. a	and investments		, , ,	18	223	• 22	26029.
23			inas				563		3471.
24		ier assets (de		1 2	)		460		27929.
25		•			´		246		57429.
26	) Tot	tal liabilities	s (describe PAYROLL TAXES PAYABLE		)		408		0.
27			und balances (line 27 of column (B) must agree with line 21)		<i>'</i>		838		57429.
	171 08-10		or Privacy Act and Paperwork Reduction Act Notice, see the separate inst						Form <b>990-EZ</b> (2009)

Form 990-EZ (2009) RENO BIKE PROJECT, INC.			14-	19888	00 Page :
Part III   Statement of Program Service Accomplish	ments (See the instructions for	Part III.)		E)	rpenses
What is the organization's primary exempt purpose? SEE STATEME	NT 7				r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt		ise manner, descr	ibe		<ul> <li>organizations and 7(a)(1) trusts; optiona</li> </ul>
the services provided, the number of persons benefited, and other rele				for others.)	, (u)( 1) a doto, optione
28 OPERATED A BIKE SHOP WITH TRAINED	VOLUNTEER AND	PAID			
MECHANICS TO ASSIST THE GENERAL P	UBLIC IN REPAIR	ING AND			
MAINTAINING THEIR BICYCLES. 4,900	INDIVIDUALS SE	RVED.			
	ign grants, check here			28a	61417
29 HOSTED BICYCLE MECHANIC WORKSHOPS	TO TRAIN MEN A	ND WOMEN			
TO TUNE-UP THEIR OWN BICYCLES. 24					
(Grants \$ ) If this amount includes fore	ign grants, check here	•		29a	0.
30 PROMOTED BIKE TO WORK DAY AND HOS	TED A BIKE TO W	ORK DAY			
PANCAKE FEED IN CONJUNCTION WITH			N		
AIR COMMISSION.					
	ign grants, check here			30a	0.
31 Other program services (attach schedule)	ight grants, check here	·····			
	ign grants, check here			31a	454
32 Total program service expenses (add lines 28a through 31a)	gri grants, check here	·····		32	61871
Part IV List of Officers, Directors, Trustees, and Ke	v Employees. List each one ex	ven if not compensated	(See the		
Tare iv		Port in flot dempendated.	_	ontributions	1
	(b) Title and average hours	(c) Compensation	) to 6	employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	1	fit plans &	account and
	position	-0)		eferred pensation	other allowances
NOAH CHUBB-SILVERMAN	PRESIDENT		COIII	ponsation	
541 E. 4TH STREET, RENO, NV 89512	35.00	7500.		0.	0.
JOSEPH K. KOZAR	VICE PRESIDEN			0.	0.
541 E. 4TH STREET, RENO, NV 89512	35.00	6000.		0.	0.
SCOTT HALL	DIRECTOR	8000.		0.	0.
				0	_
634 HUMBOLDT STREET, RENO, NV 89509		0.		0.	0.
SCOTT CALLAHAN	DIRECTOR			0	_ ا
726 MARSH AVENUE, RENO, NV 89509	1.00	0.		0.	0.
REBECA PEIRCE, 3985 FALLING WATER	SECRETARY			0	
DRIVE, RENO, NV 89519	5.00	0.		0.	0.
LAUREN KOZAR	TREASURER			0	
408 IMPERIAL BLVD, RENO, NV 89503	5.00	0.		0.	0.
DAVID FARAHI, 3800 S. VIRGINIA	DIRECTOR			•	
STREET, RENO, NV 89502	1.00	0.		0.	0.
DAVID LAPLANTE	DIRECTOR			•	
275 HILL STREET, RENO, NV 89501	1.00	0.		0.	0.
MATT NEWBERRY	DIRECTOR			•	
1440 MCKINLEY DRIVE, RENO, NV 89509		0.		0.	0.
DAN GOPEN, 1495 SERENDIPITY COURT,	DIRECTOR			•	
SPARKS, NV 89436	1.00	0.		0.	0.
CARRIE HENDERSON	DIRECTOR			_	
500 NORTHSTAR DRIVE, RENO, NV 89503	1.00	0.		0.	0.
			L		
	<del></del>	1	1		I

Form **990-EZ** (2009)

932172 02-08-10

Yes   No   No   No   No   No   No   No   N	Pa	ort V Other Information (Note the statement requirements in the instructions for Part V.)			
34 We early changes made to the organization or governing documents? If "Yes," attach a conformed copy of the changes  If the organization had income from business activities, such as those reported on lines 2, Es, and 7a (among others), but not reported on Form 990-1, attach a statement explaining why the organization did not report the income on Form 990-1.  a Did the organization had income from 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If "Yes," has it liked a tax return on Form 990-1 for this year?  b If the organization of the organization independ and provided in the post of the provided in the instructions.  b If the organization of the organizati				Yes	No
15 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 990-1, attach a statement explaining wity the organization during reported on From 990-1.  25 Did the organization have unrelated business gross is some of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  26 Did the organization undergo a figuidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N  27 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  5 If "Yes," has it filled a fax return on Form 990-T1or this year?  5 Complets applicable parts of Sch. N  7 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization organization from 1120-P01. For this year?  5 Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization from 1120-P01. For this year?  5 A Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization from 1120-P01. For this year?  5 A Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization from 1120-P01. For this year?  5 A Enter amount of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization from 1120-P01. For this year?  5 Enter amount of the year and still outstanding at the end of the period covered by this return?  5 Section 501(c)(7) organizations for the period covered by this return?  5 Section 501(c)(7) organizations. Enter amount of tax with expensive the organization during the year under the standard on any of the organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under that it engaged in an excess benefit transaction during the year under that the transaction of the trans	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<u> </u>	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  58 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  59 complete applicable parts of \$5 kth. N  50 bill the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes,*  50 bill the organization for form 12P-001, both by year?  51 complete applicable parts of \$5 kth. N  52 complete applicable parts of \$5 kth. N  53 complete applicable parts of \$5 kth. N  54 complete applicable parts of \$5 kth. N  55 complete applicable parts of \$5 kth. N  56 bill the organization for form 12P-001, both by year?  52 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period overed by this return?  58 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period overed by this return?  59 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period overed by this return?  50 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period overed by this return?  50 bill the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period on the period of the p	35				
and proxy tax requirements?    15   17 'Yes', has it field a tax return on Form 990-T for this year?   36   10 the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,'   37   20					
b If Y'es; has it filed a tax return on Form 990-T for this year?  36 bid the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes; complete applicable parts of Sch. N.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.  38 bid the organization libre Form 1120-POL for this year?  39 bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  38 bid If Y'es; complete Schedule I, Part I and enter the total amount involved  39 bid If Yes (any prophete Schedule I, Part I and enter the total amount involved  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  40 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 organizations prior forms 900 or 90-E72 If Y'es, complete Schedule I, Part I  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified person during the year under sections 4912, 4955, and 4958  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c eirobursed by the organizations books are in care of ▶ THE ORGANI ZATTON  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c eirobursed by the organization shocks are in care of ▶ THE ORGANI ZATTON  41 List the states with which a copy of this return is filed. ▶ NONE  42 The organization's books are in care of ▶ THE ORGANI ZATTON  44 A tray time during the calenda	а				
36   X   Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization through the sparl that the transaction during the year under section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization for exception and 151 (c)(4) organizations. Enter amount of ax on line 40c reimbursed by the organization and 501 (c)(4) organizations. Enter amount of ax on line 40c reimbursed by the organization and 501 (c)(4) organizations. Enter amount of ax on line 40c reimbursed by the organization and 501 (c)(4) organizations. Enter amount of ax on line 40c reimbursed by the organization and 501 (c)(4) organizations. Enter amount of ax on line 40c reimbursed by the organization and 501 (c)(4) organizations. Enter amount of ax imposed on organization managers or disqualified person or disqualified person surply the year ords is aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction are also such as a section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the year under sections 4912, 4955, and 4958  2 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the year under sections 4912, 4955, and 4958  3 Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization aparty to a prohibited tax shelter the respective of the complete forms 896-T  4 It is this states with which a coupy of this return is filed. NONE  1 If the organizations books are in care of \$\times\$ TREET, RENO, NV				L.,	_
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	b		35b	N/	Α
37a   The ramount of political expenditures, direct or indirect, as described in the instructions.	36				l
b Did the organization file Form 1120-POL for this year?  81					<u> </u>
138 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?  139 a prior year and still outstanding at the end of the period covered by this return?  24 a Initiation fees and capital contributions included on line 9  25 a postion 501(c)(7) organizations. Enter:  25 a Initiation fees and capital contributions included on line 9  36 b Gross receipts, included on line 9, for public use of club facilities  37 b N/A  38 a N/A  39 a N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  26 section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is laware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year under sections 4912, 4955, and 4958  26 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  27 a Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization of 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization books are in care of ▶ THE ORGANIZATION  28 a The organization books are in care of ▶ THE ORGANIZATION  39 a Telephone n. ▶ (775)  323 - 4488  39 a N/A  40 b X  40 b X  40 b X  40 c X					77
in a prior year and still outstanding at the end of the period covered by this return?  b if "Yes", complete Schedule L, Part II and enter the total amount involved 38b N/A 39b Section 50 (1c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9 39a N/A 39b N/A 39b N/A 39b N/A 39b N/A 40a Section 50 (1c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911			37b		<u> </u>
b If "Yes," complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4915 ▶ 0 . ; section 4955 ▶ 0 .  b Section 501(c)(3) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is lit aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  40b	38 a				77
39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction the part or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that the transaction of the part of the organization is prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  40b X  2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete form 8886-T  4 Lets the states with which a copy of this return is filed. ▶ NONE  42 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (775) 323-4488  42 Lets the states with which a copy of this return is filed. ▶ NONE  42 The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (775) 323-4488  42 Let the states with which a copy of this return is filed. ▶ NONE  43 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 foreig	_		38a		
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4955 ▶ 0 · b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it 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-E27 If 'Yes,' complete Schedule L, Part I  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8868-T  40e			-		
b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it 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 organizations. Enter amount of tax imposed on organization and prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization and prior year, and that the transaction has not been reported on any of the organizations. Enter amount of tax imposed on organization and angers or disqualified persons during the year under sections 4912, 4955, and 4958					
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 .  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 40e X  1 List the states with which a copy of this return is filed. ▶ NONE  1 List the states with which a copy of this return is filed. ▶ NONE  2 IP + 4 ▶ 8951.2  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 in a foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country: ▶  See the instructions for exceptions and filing requireme			1		
section 4911 \			1		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40 a				
year or is it 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-EZ2 If "Yes," complete Schedule L, Part I 40b X  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	h				
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c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization organization. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T  40e  X  1 List the states with which a copy of this return is filed. ► NONE  1 Located at ► 541 E . 4 TH STREET, RENO, NV  2 IP+4 ► 89512  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 accounts)  1 If "Yes," enter the name of the foreign country: ►  2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  1 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  1 Form 990-EZ  2 Section 4947 (a) (1) nonexempt charitable trusts filing Form 990 must be completed instead of Form 990-EZ  3 San y related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			40b		x
or disqualified persons during the year under sections 4912, 4955, and 4958	С		102		
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over a financial account in a foreign country (such as a bank account, securities account, or other financial  account)?  If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ			<u>951</u>	<u>2</u>	
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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1	C		42C	Щ_	<u>x</u> _
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	40				
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  45 X	77	5 000 57	4.4		x
completed instead of Form 990-EZ	45		77		-22
			45		Х
				90-EZ	I

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Part \	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.				s for I	ines 5	50
<b>46</b> Did	the organization engage in direct or indirect political campaign activities ${\bf r}$	on behalf of or in opposition to o	andidates for public	-		Yes	No
	ପଥି? If "Yes," complete Schedule C, Part I				46		X
	the organization engage in lobbying activities? If "Yes," complete Sc $$				47		Х
<b>48</b> Is the	he organization a school as described in section $170(b)(1)(A)(ii)$ ? If "Ye	es," complete Schedule E			48		Х
	the organization make any transfers to an exempt non-charitable related				49a		Х
	'es," was the related organization a section 527 organization?				49b		
	nplete this table for the organization's five highest compensated employ n \$100,000 of compensation from the organization. If there is none, ente	·	s, trustees and key el	mployees) who ea	ich rec	eived i	nore
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e	) Expe count r allow	
		$\dashv$					
<b>51</b> Cor	al number of other employees paid over \$100,000 nplete this table for the organization's five highest compensated indeper anization. If there is none, enter "None." NONE		O ved more than \$100	,000 of compensa	ition fr	om the	;
	(a) Name and address of each independent contractor paid more	e than \$100,000	(b) Type of ser	vice (c	) Com	pensat	ion
<b>d</b> Tota	al number of other independent contractors each receiving over \$100,00		<b>&gt;</b>				0
Sign Here	Under penalties of perjury, I declare that I have examined this return, including a correct, and complete. Declaration of preparer (other than officer) is based on all Signature of officer  Type or print name and title	accompanying schedules and statemen i information of which preparer has any	its, and to the best of m knowledge.	y knowledge and bel Date	ief, it is	true,	
Paid Preparer Use Only	Preparer's signature  JULIE A. CALLAHAN, CH			parer's identifying nu	mber (S	ee instr	·.)
USE UIIIY	Firm's name (or yours if self-employed), address, and ZIP + 4  BONARI AND CO. CPAS  3724 LAKESIDE DRIVE, S  RENO, NV 89509	SUITE 201	EIN I Phon no.		322	-58	50
May the I	RS discuss this return with the preparer shown above? See instructions		L		Ye		

Form **990-EZ** (2009)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RENO BIKE PROJECT, INC.

Employer identification number

14-1988800

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
he orgar	nization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1			s, or association of churc									
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🗌			tal service organization of			170(b)(1)	A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter tl	he hospital	's nam	e.
	city, and stat	-							•			,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	nental uni	t describe	ed in		
		(b)(1)(A)(iv). (Comple		•		•	•					
6			ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part o					r from the	general p	oublic desc	ribed i	n
		b)(1)(A)(vi). (Comple				Ü						
8			ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9 🗌			eives: (1) more than 33 1			rom contri	butions. m	nembershi	o fees. an	nd aross re	ceipts 1	from
			nctions - subject to certa									
		•	axable income (less sect	•	•	•				•		
		<b>509(a)(2).</b> (Complete			,		•	, ,			,	
10 🔲			perated exclusively to tes	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	I).				
11 🔲	-		perated exclusively for th	=	-			-	y out the	purposes o	of one o	or
	more publicly	supported organiza	ations described in section	on 509(a)(	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(a	<b>a)(3).</b> Che	 ck the box	that	
			organization and comple				•	•				
	a Type I	b	Type II c	: 🔲 тур	e III - Fund	tionally int	egrated		d 🗀	Type III - (	Other	
е 🗌	* *		t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons oth	ner tha	n
			han one or more publicly									
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										
g	Since August	t 17, 2006, has the c	rganization accepted an						sons?			
			irectly controls, either ale								Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
			n described in (i) above?									
			person described in (i) o									
h			about the supported org									
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did you	ı notify the	(vi) Is organizațio	the	(vii) An	nount of	 f
. ,	anization	(,	organization (described on lines 1-9		sted in your			l (i) organiz	ed in the	` '	port	
			above or IRC section	governing	document?	(i) of your	support?	U.S.	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
otal												_

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 RENO BIKE PROJECT, INC. 14-19888 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7. or 8 of Part I.)

Sec	ction A. Public Support			<u> </u>			
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			10000.	24321.	34808.	69129.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			10000.	24321.	34808.	69129.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						69129.
	ction B. Total Support			l l			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(4,7 = 0 0 0	(0) 2000	10000.	24321.	34808.	69129.
8	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						69129.
12		etc (see instruct	ions)			12	233104.
	First five years. If the Form 990 is for	,	,	rd fourth or fifth ta			
10	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (	line 6. column (f) c	livided by line 11.	column (f))		14	100.00 %
	Public support percentage from 2008		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2009.If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2008.If the o						
	and <b>stop here.</b> The organization qual	•		•		•	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	J			, , ,		,
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						<del>-</del> .
	organization meets the "facts-and-cire						
18	Private foundation. If the organization		-				
		sia 1151 01100K a	257. 511 1110 10, 10	, 100, 17u, 01 17b		dule A (Form 990	

Schedule A (Form 990 or 990-E	Z) 2009						Page <b>3</b>
Part III   Support Sched		anizations	Described in	Section 509(a	(Complete only	if you checked the b	ox on line 9 of Part I.)
Section A. Public Suppo Calendar year (or fiscal year beg		(a) 2005	(b) 2006	(a) 2007	(4) 2009	(a) 2000	(f) Total
Jalendar year (of fiscal year beg 1 Gifts, grants, contributions		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received							
include any "unusual gran	· ·						
2 Gross receipts from admis							
merchandise sold or serving formed, or facilities furnish any activity that is related organization's tax-exempt	ces per- ned in to the						
3 Gross receipts from activit	ties that						
are not an unrelated trade	or bus-						
iness under section 513							
4 Tax revenues levied for the	e organ-						
ization's benefit and either	r paid to						
or expended on its behalf							
5 The value of services or fa	cilities						
furnished by a governmen	tal unit to						
the organization without c	harge						
6 Total. Add lines 1 through	5						
7a Amounts included on lines	s 1, 2, and						
3 received from disqualifie	· —						
b Amounts included on lines 2 and 3 from other than disqualified person exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that of the						
c Add lines 7a and 7b							
8 Public support (Subtract line 7c							
Section B. Total Suppor	rt					_	
<b>Calendar year</b> (or fiscal year beg	inning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6							
10a Gross income from interes dividends, payments rece securities loans, rents, roy and income from similar so	ived on alties						
<b>b</b> Unrelated business taxable in							
(less section 511 taxes) from	businesses						
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated activities not included in lin whether or not the busines regularly carried on	ne 10b,						
12 Other income. Do not inclu or loss from the sale of ca	ude gain						
assets (Explain in Part IV.)  Total support (Add lines 9, 10c,	·						
14 First five years. If the For	m 990 is for the	e organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop h							
Section C. Computation	of Public	Support Pe	rcentage				
15 Public support percentage	e for 2009 (line	8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage	e from 2008 Sc	hedule A, Part	III, line 15			16	%
Section D. Computation	n of Investn	nent Incom	e Percentage				
17 Investment income percer						17	%
18 Investment income percer	ntage from <b>200</b>	8 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2	<b>2009.</b> If the org	anization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not

Schedule A (Form 990 or 990-EZ) 2009

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ............

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..........

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization **Employer identification number** 14-1988800 RENO BIKE PROJECT, INC. Organization type (check one): Filers of Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

#### RENO BIKE PROJECT, INC.

14-1988800

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN BEN SNOW FOUNDATION  50 PRESIDENTIAL PLAZA, SUITE 106  SYRACUSE, NY 13202		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

Inspection

Name of the organization	KE PROJECT, INC.					Employer ide	ntification number
Part I Fundraising Activities.	· Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1		
required to complete this part  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations	eed funds through any of the following with a Solicitate or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-governising of	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Fotal	<b>&gt;</b>						
3 List all states in which the organizatio	n is registered or licensed to solicit f	funds (	or has	been notified it is ex	empt	from registrati	on or licensing.

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events BIKE ART (add col. (a) through BIKE SWAP SHOW col. (c)) (total number) (event type) (event type) Revenue 12636. 2190. 1365. 16191. 1 Gross receipts 2 Less: Charitable contributions 12636. 2190. 1365. 16191. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 7 Food and beverages 8 Entertainment 7612. 491. Other direct expenses 8250 4 10 Direct expense summary. Add lines 4 through 9 in column (d) 7941. 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) \_\_\_\_\_**>** Net gaming income summary. Combine line 1, column (d), and line 7 Yes No **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 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?

Independent contractor

Employee

organization's own exempt activities during the tax year ▶ \$

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Schedule G (Form 990 or 990-EZ) 2009

17a

Director/officer

Mandatory distributions:

FORM 990-EZ PAGE 1 990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BIKE VALET RACKS	06/12/08	200DB	7.00	нү1	1075.			538.	537.	77.		131.	208.
2	FRONT DOOR	08/19/08	SL	39.00	MM1	3598.				3598.	35.		92.	127.
	* TOTAL 990-EZ PG 1 DEPR					4673.			538.	4135.	112.		223.	335.
					ш									

	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
SMALL TOOLS AND SUPPLIES			221:	2.
ADVERTISING			170	1.
OFFICE SUPPLIES			99	
TELEPHONE			135	
BANK CHARGES AND MERCHANT FEES			33!	
INSURANCE			497	
MILEAGE REIMBURSEMENT			_	7.
DUES AND SUBSCRIPTIONS			15	_
MEALS AND ENTERTAINMENT (AT 50%)			37:	
PAYROLL TAX EXPENSE			270	5. 3.
TAXES AND LICENSES CONTINUTING EDUCATION			45	-
PAYROLL SERVICE FEES			101:	
WORKMAN'S COMPENSATION INSURANCE			172	
MISCELLANEOUS EXPENSE			75	
TOTAL TO FORM 990-EZ, LINE 16			1889	7.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
FORM 990-EZ  DESCRIPTION	OTHER ASSETS	BEG. OF YEAR		
DESCRIPTION	OTHER ASSETS	BEG. OF YEAR		R
DESCRIPTIONINVENTORY	OTHER ASSETS		END OF YEAR	R 0.
DESCRIPTION  INVENTORY SECURITY DEPOSIT	OTHER ASSETS	15000.	END OF YEAR	R 0.
	OTHER ASSETS	15000. 1000.	END OF YEAR 2660 100	R 0. 0.
DESCRIPTION  INVENTORY SECURITY DEPOSIT OTHER DEPRECIABLE ASSETS	OTHER ASSETS	15000. 1000. 460.	END OF YEAR 2660 1000 325	R 0. 0.
DESCRIPTION  INVENTORY SECURITY DEPOSIT OTHER DEPRECIABLE ASSETS  TOTAL TO FORM 990-EZ, LINE 24		15000. 1000. 460.	END OF YEAR 2660 1000 325	R 0. 0.
DESCRIPTION  INVENTORY SECURITY DEPOSIT OTHER DEPRECIABLE ASSETS TOTAL TO FORM 990-EZ, LINE 24		15000. 1000. 460.	END OF YEAR 2660 1000 325 27925	R 0. 0. 9.
DESCRIPTION  INVENTORY SECURITY DEPOSIT OTHER DEPRECIABLE ASSETS  TOTAL TO FORM 990-EZ, LINE 24  FORM 990-EZ OTHER CHANGES IN NE		15000. 1000. 460.	END OF YEAR 26600 1000 329 27929 STATEMENT	R 0. 9. 9.

FORM 990-EZ	OCCUPANCY,	RENT,	UTILITIES	AND	MAINTENANCE	STATEMENT	4
DESCRIPTION						AMOUNT	
DEPRECIATION OTHER EXPENSES							23.
TOTAL TO FORM 9	90-EZ, LINE	14				1799	91.

FORM 990-EZ	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 7A		STATEMENT 5
INCOME			
1. GROSS RECEIPTS		85571	
3. LINE 1 LESS LINE 2			85571
	(LINE 13)	39743	45828
COST OF GOODS SOLD			
6. INVENTORY AT BEGINNS 7. MERCHANDISE PURCHASE 8. COST OF LABOR 9. MATERIALS AND SUPPLS 10. OTHER COSTS		15000 51343	
11. ADD LINES 6 THROUGH	10		66343
12. INVENTORY AT END OF 13. COST OF GOODS SOLD	YEAR (LINE 11 LESS LINE 12)	26600	39743

INFORMATION REGARDING TRANSFERS FORM 990-EZ STATEMENT ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO 990-EZ PG 2 STATEMENT 7

PROMOTE BICYCLING AS AN EVERY DAY LIFESTYLE CHOICE IN THE TRUCKEE MEADOWS THROUGH BICYCLE MAINTENANCE EDUCATION AND PROMOTION OF BICYCLING EVENTS.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).	
Par	t I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	lea Fo	TTI 8808.
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	<b>&gt;</b> □
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exten	sion of time
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs.gov/efile and click on e-file for Charities & Nonprofits.	cally if	(1) you want the additional ated Form 990-T. Instead,
Туре	or Name of Exempt Organization	Emp	loyer identification number
print	RENO BIKE PROJECT, INC.	1	4-1988800
File by t	the Name to the standard and the standard standa		4 150000
filing yo	□ BONARI AND CO. CPAS 3724 LAKESIDE DRIVE #201		
instruct			
Chec	k type of return to be filed(file a separate application for each return):		
X	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 52           Form 990-EZ         Form 990-T (trust other than above)         Form 60           Form 990-PF         Form 1041-A         Form 88	227 069	
Te ● If t	THE ORGANIZATION e books are in the care of ► 541 E · 4TH STREET - RENO, NV 89512 lephone No. ► (775) 323-4488 FAX No. ► he organization does not have an office or place of business in the United States, check this box		
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi  If it is for part of the group, check this box  and attach a list with the names and EINs of all		
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt		

923831 05-26-0