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:

Enclosed is the organization's 2013 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before November 17, 2014.

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

We are enclosing the documents you gave us to assist in preparation of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

A copy of the return that you retain this	is enclosed for your copy indefinitely.	files. W	Ve suggest
Sincerely,			
Bonari and Co. CPAS			
Bollati and Co. CFAS			

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www irs gov/form990 A For the 2013 calendar year, or tax year beginning and ending

Open to Public

B c	heck if	C Name of organization		D Employer identifie	cation number			
_	¬Addres							
	chang∈ □Name	·		11_1	988800			
	_lchange □Initial	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room.	/cuito					
	return □Termin	· · · · · · · · · · · · · · · · · · ·	Suite	E Telephone numbe	r)323-4488			
	⊒ated ∏Amend			G Gross receipts \$	266258.			
	⊒return ⊒Applic ⊒tion	RENO, NV 89512	ł	H(a) Is this a group re				
	pendin			for subordinates				
		SAME AS C ABOVE		H(b) Are all subordinates in				
	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. (see instructions)			
		e: ► RENOBIKEPROJECT.COM		H(c) Group exemptio				
K F	orm of	organization: X Corporation	Year o	· · · · · · · · · · · · · · · · · · ·	State of legal domicile: NV			
Pa	art I	Summary		•	-			
-	1	Briefly describe the organization's mission or most significant activities: PROMOTE	BI	CYCLING AS	AN EVERY			
Activities & Governance		DAY LIFESTYLE CHOICE IN THE TRUCKEE MEADOWS	TH	ROUGH BICYC	LE			
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	more	than 25% of its net as				
Š		Number of voting members of the governing body (Part VI, line 1a)			8			
∞		Number of independent voting members of the governing body (Part VI, line 1b)			8			
ies		Total number of individuals employed in calendar year 2013 (Part V, line 2a)			12			
Ĭ		Total number of volunteers (estimate if necessary)			112			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>.</u>		0.			
		0		Prior Year 137228.	Current Year 162712.			
ne		Contributions and grants (Part VIII, line 1h)		96971.	94264.			
Revenue	I	Program service revenue (Part VIII, line 2g)		17.	27.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2610.	2837.			
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		236826.	259840.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7045.	6335.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		7049.	0.555.			
w		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		139543.	148623.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per	h.	Total fundraising expenses (Part IX, column (D), line 25) 10775.		-				
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		71262.	82372.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		217850.	237330.			
	19	Revenue less expenses. Subtract line 18 from line 12		18976.	22510.			
Net Assets or Fund Balances		·		jinning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		134267.	155790.			
t As	21	Total liabilities (Part X, line 26)		0.	0.			
환.	22	Net assets or fund balances. Subtract line 21 from line 20		134267.	155790.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer	has any knowledge.				
		Signature of officer		 Date				
Sign				Duto				
Her	е	NOAH CHUBB-SILVERMAN, EXECUTIVE DIRECTOR Type or print name and title						
		Print/Type preparer's name Preparer's signature	ID	ate Check	II PTIN			
Paid	,	JULIE CALLAHAN, CPA JULIE CALLAHAN, CPA		1/17/14 if self-employ				
	arer	Firm's name BONARI AND CO. CPAS						
-	Only	Firm's address 3724 LAKESIDE DRIVE, SUITE 201		Firm's EIN	26-0020989			
	,	RENO, NV 89509		Phone no. (7	75)322-5850			
Mav	the IF	RS discuss this return with the preparer shown above? (see instructions)		1	X Yes No			

6335 • including grants of \$ 6335.) (Revenue \$ (Code:) (Expenses \$ GAVE AWAY 125 BICYCLES TO NEEDY CHILDREN VIA THE CHILDREN'S CABINET LOCAL NOT FOR PROFIT ORGANIZATION) AND THE RENO FIRE DEPARTMENT.

Other program services (Describe in Schedule O.)

59828 • including grants of \$ 209749. Total program service expenses ▶ 4e

Form 990 (2013)

) (Revenue \$

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			~~~	

Form **990** (2013)

Form 990 (2013) RENO BIKE PROJECT,
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

# Form 990 (2013) RENO BIKE PROJECT, INC. 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ serious \ decirious \ deciri$	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ا مد			
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	446			
40	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
1-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
а	Enter the amount of reserves the organization is required to maintain by the states in which the	106			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	13c	1/1-		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14a 14b		
D	ii res, rias it illeu a i omi rzo to report tilese payments? ii vio, provide an explanation in scheduk	,	_	990	(2012
			. 0111	. 555	,_5,0

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					Δ
sec	tion A. Governing Body and Management					
		1.1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	1		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8	<u>1</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					37
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)		1	
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such of			401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay befor	e filing the form?	11a		Λ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-		Х
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		icte2	12a 12b		21
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120		
C				12c		
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approv			<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.oponaoni			
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section	on 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, continuous con	onflict o	f interest policy, ar	ıd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd reco	rds of the organiza	tion:		
	THE ORGANIZATION - (775)323-4488					
	541 E. 4TH STREET, RENO, NV 89512				000	(0040)

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

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c , unle	:heck :ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM KILGORE	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(2) DAN GOPEN	1.00	Į.,							0.	_
DIRECTOR (2) CAMPANA PEMPP	1 00	Х						0.	0.	0.
(3) CATRINA PETERS	1.00	x		х				0.	0.	_
VICE PRESIDENT (4) JEFF BIALES	5.00	┝	-	^				0.	0.	0.
PRESIDENT	3.00	x		Х				0.	0.	0.
(5) DALY COSTANZA	1.00	123							· ·	•
DIRECTOR		x						0.	0.	0.
(6) JAMIE WORLEY	1.00									
DIRECTOR		x						0.	0.	0.
(7) ZACH SELBY	5.00									
TREASURER		1		Х				0.	0.	0.
(8) SHAWN PEARSON	1.00									
SECRETARY				Х				0.	0.	0.
		1								
		ļ								
		-								

Form 990 (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	ition more rson		one h an	(D)  Reportable compensation from	(E)  Reportable compensation from related		an	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
1b Sub-total c Total from continuation sheets to Part V							<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	),000 of reportab	le		<b>V</b> I	(
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3	Yes	No X
<ul> <li>For any individual listed on line 1a, is the su</li> <li>and related organizations greater than \$15</li> </ul>	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	from	any	/ unr					5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for	-	-								npens			
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	C	(C Compe		n
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation >					0					Form	990 (2	2013

10-29-1

1<u>4-1</u>988800 Page **9** 

Pa	LVII			or note to any lin	o in this Bort VIII			
		Check if Schedule O cont	ains a response	or note to any in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut All other contributions, gifts, gran similar amounts not included abo  Noncash contributions included in lines  Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and ve 1f 1s 1a-1f: \$	1000. 159607. 60940.	162712.			
				Business Code				
<u>ic</u>	2 a	BICYCLE SALES/R		451110	225373.	225373.		
er e	b	LESS:COST OF GC	OODS	451110	-131109.	-131109.		
n S	С							
Re	d							
Program Service Revenue	е							
٦		All other program service reve			94264.			
$\rightarrow$		Total. Add lines 2a-2f			94204.			
	3	Investment income (including	•		27.			27.
	4	other similar amounts)			27•			27.
	4	Income from investment of ta		ī				
	5	Royalties						
	6 0	Gross rents	(i) Real	(ii) Personal				
		Gross rents  Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(i) Cocarrios	(1) 5 11 151				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<b></b>				
Other Revenue		Gross income from fundraisin including \$	g events (not					
- Re		contributions reported on line						
<u>-</u>		Part IV, line 18		6440				
튐		Less: direct expenses			0025			0025
		Net income or (loss) from fund		<b>&gt;</b>	2837.			2837.
	9 a	Gross income from gaming ac						
		Part IV, line 19		1				
		Less: direct expenses						
		Net income or (loss) from gam		·····				
	10 a	Gross sales of inventory, less						
	h	and allowances		1				
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale						
ł	11 a	Miscellaneous Revenu		Business Code				
	ii a b							
	C		_					
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			259840.	94264.	0.	2864.
33200 10-29-								Form <b>990</b> (2013)

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 6335. 6335. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 32090. 19254. 6418. 6418. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 108001. 108001. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8532. 7750. <u>391.</u> 391. 10 Fees for services (non-employees): Management Legal 1430. 1430. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 3613. 3613. Advertising and promotion 12 1039. 779. 208. 52. 13 Office expenses Information technology ..... 14 15 Royalties 20235. 15176. 5059. 16 Occupancy 208. 208. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4534. 4534. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates 21 418. 1932. 1514. 22 Depreciation, depletion, and amortization ..... 4558. 3530**.** 1028. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 17024. 17024. GRANT EXPENSE CONTRACT LABOR 9670. 9354. 316. WORKMAN'S COMPENSATION 4453. 4045. 204. 204. BANK CHARGES AND MERCHA 2746. 2746. 10930. 9499. 1334 97. All other expenses 237330. 209749. 16806. 10775. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2013)

# Form 990 (2013) Part X | Balance Sheet

Pa	πx	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			<u></u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	Τ.				67569 •		•
	1	Cash - non-interest-bearing			15642.	1	55662. 47019.
	2	Savings and temporary cash investments			13042.	2	4/019.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for		· · · · · · · · · · · · · · · · · · ·			
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	•	·			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec		* * * * * * * * * * * * * * * * * * * *		_	
Assets	_	employees' beneficiary organizations (see instr)				6	
Ass	7	Notes and loans receivable, net			40070	7	44064
•	8	Inventories for sale or use			40979.	8	44964.
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		10015			
		basis. Complete Part VI of Schedule D		12915.	0077		71 45
	b	Less: accumulated depreciation		5770.	9077.	10c	7145.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1000	14	1000
	15	Other assets. See Part IV, line 11			1000.	15	1000.
	16	Total assets. Add lines 1 through 15 (must equ		134267.	16	155790.	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
Ħ		key employees, highest compensated employe					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	3), check	here  and			
es		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
pu	29					29	
Ψ		Organizations that do not follow SFAS 117 (A	SC 958),	, check here ▶\X			
ō		and complete lines 30 through 34.			_		_
ets	30	Capital stock or trust principal, or current funds			0.	30	0.
٩ss	31	Paid-in or capital surplus, or land, building, or ed	quipment	fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			134267.	32	155790.
Z	33	Total net assets or fund balances			134267.	33	155790.
	34	Total liabilities and net assets/fund balances .			134267.	34	155790.

Form **990** (2013)

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

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#### **SCHEDULE A**

(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.

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RENO BIKE PROJECT TNC **Employer identification number** 

		RENO BI	KE PROJECT,	INC.					1	4-1988	3800	
Part I	Reason		<b>ity Status</b> (All organiz		st complet	te this part	:.) See inst	ructions.				
Part I The orga 1	A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170( A community An organizati activities rela income and u See section An organizati more publich describes the a Type By checking foundation m If the organiz supporting o Since Augus (i) A perso the gove (ii) A family	for Public Char a private foundation nvention of churche ciribed in section 17 a cooperative hospi search organization ate: ion operated for the (b)(1)(A)(iv). (Complete ate, or local governm ion that normally rec (b)(1)(A)(vi). (Complete ate to its exempt ful currelated business t 509(a)(2). (Complete ion organized and op ion organized organize in this box, I certify the inanagers and other t ion that normally rec ion operated for the ion operat	because it is: (For lines is, or association of churro (b)(1)(A)(ii). (Attach Sociatal service organization operated in conjunction benefit of a college or unete Part II.)  ment or governmental unitatives a substantial part of the Part II.)  ment or governmental unitatives a substantial part of every a substantial part of every and inctions - subject to certain axable income (less section 170(b)(1)(A)(vi). The every and exclusively to the operated exclusively for the every attended and complete the organization accepted are lirectly controls, either all upported organization? In described in (i) above?	ations mu 1 through ches desc chedule E.) described with a hos niversity or t describer of its supp (Complete 1/3% of its ain excepti tion 511 ta st for publ ne benefit on 509(a)( ete lines 1 ype III - Fu controlled y supporte the IRS tha my gift or colone or tog	11, check ribed in section pital description and or open description and part II.) a support from a part II.) a support from a part II.) a support from but ic safety. Sof, to perform the through and circum ally a directly or and organizati it is a Tymontribution ether with	only one bection 170  170(b)(1)(ribed in section 170(b)(1)(ribed in section 170(b)(1)(ribed in 170(b)(1)(2)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	(A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(v). (A)(v). (A)(v). (A)(v). (A)(v). (B)(A)(v).	mental union from the membershi 1/3% of its y the organication 509(in Typer more disception 509 e III mowing persion (ii) and (in (ii) and (ii) and (in (ii) and (iii) and (iiii) and (iiii) and (iii) and (iiii) and (iiii) and (iiii) and (iiii) and (	e general p fees, a s support anization y out the a)(3). Ch we III - Nor qualified 9(a)(1) or sons?	public descent from gross after June purposes eck the box n-functional persons of section 50 miles and the section 50 mil	cribed in ecceipts as investing 30, 197 of one ax that ally integrated the state of	from tment 75. or grated
h			person described in (i) or about the supported or			• • • • • • • • • • • • • • • • • • • •				11g(iii	/1	<u></u>
. ,	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis governing	sted in your document?	(i) of your	ion in col. support?	(vi) Is organizatio (i) organiz U.S	on in col. ed in the i.?	<b>(vii)</b> Amoun sup	nt of mor	netary
			(=== 3	Yes	No	Yes	No	Yes	No			
Fotal												

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	34808.	66958.	83580.	130932.	125707.	441985.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	• • • • • • • • • • • • • • • • • • • •	34808.	66958.	83580.	130932.	125707.	441985.
5	Total. Add lines 1 through 3 The portion of total contributions	34000.	00930.	03300.	130932.	123707.	441903.
	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)						444005
	Public support. Subtract line 5 from line 4.						441985.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009 34808.	<b>(b)</b> 2010	(c) 2011 83580 •	(d) 2012 130932.	(e) 2013 125707.	(f) Total 441985.
_	Amounts from line 4	34808.	66958.	83380.	130932.	145/0/•	441985.
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.)						441985.
	Total support. Add lines 7 through 10		<u> </u>			12	879670.
	Gross receipts from related activities,						073070.
13	First five years. If the Form 990 is for						▶□
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				P
_	Public support percentage for 2013 (li			olumn (f))		14	L00.00 %
	Public support percentage from 2012						00.00 %
	33 1/3% support test - 2013. If the o						
102	stop here. The organization qualifies a						
r	33 1/3% support test - 2012. If the or						
	and stop here. The organization qualit	•		,		,	
17:	10% -facts-and-circumstances test						
176	and if the organization meets the "fact	· ·			, , ,		•
	meets the "facts-and-circumstances" t				· · · · · · · · · · · · · · · · · · ·	-	
L	10% -facts-and-circumstances test						
L	more, and if the organization meets th						070 UI
	organization meets the "facts-and-circ		·				
12	<b>Private foundation.</b> If the organization						
10	Filivate roundation. If the organization	Taid HOL CHECK & I	JOA OIT III IE TO, TOA	, 100, 17a, 01 170		dule A (Form 990)	· · · · · · · · · · · · · · · · · · ·

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, piedee com	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, ,	, ,	, ,		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				1		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, ,	, ,	, ,		, ,
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (lin					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box an						
<b>b 33 1/3% support tests - 2012.</b> If the o	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec			·		ŭ	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<b>&gt;</b>

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

<u>:hedule A</u>	(Form 990 or 990-EZ) 2013 RENO BIKE PROJECT, INC.	14-1988800 _{Pag}
art IV	(Form 990 or 990-EZ) 2013 RENO BIKE PROJECT, INC.  Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line	art II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	,,,,,,,
	7 100 Complete the part for any additional morniation. (CCC metactions).	

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

F	RENO BIKE PROJECT, INC.	14-1988800							
Organization type (check	cone):								
Filers of:	Section:								
Form 990 or 990-EZ									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
General Rule  For an organizat	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special content of the conten								
Special Rules									
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of n (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	· ·							
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cons of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	, , ,							
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one corruse exclusively for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the <b>General Rule</b> applies to this organization becausele, etc., contributions of \$5,000 or more during the year	ot total to more than \$1,000.  **Isively religious, charitable, etc., **use it received **nonexclusively**							
· ·	n that is not covered by the General Rule and/or the Special Rules does not file Sched								

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

RENO BIKE PROJECT, INC.

14-1988800

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILENSKY FOUNDATION  380 S. ROCK BLVD  SPARKS, NV 89431	\$10000 <b>.</b>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	E.L. CORD FOUNDATION  418 FLINT STREET  RENO, NV 89501	\$10000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROXIE & JOSEPH AZAD FOUNDATION  2890 OUTLOOK DRIVE  RENO, NV 89509	\$5000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

### RENO BIKE PROJECT, INC.

14-1988800

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	90. 990-EZ. or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number RENO BIKE PROJECT INC. 14-1988800 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

2013
Open to Public Inspection

Name of the organization

RENO BIKE PROJECT, INC.

Employer identification number 14-1988800

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		22004
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advis		
_	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (		
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		tified historic structure
	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
а	Total number of conservation easements		2a
b			l l
С	Number of conservation easements on a certified historic structu	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired afte	r 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	
9	In Part XIII, describe how the organization reports conservation of	·	
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections of A	rt Historiaal Trassuras or C	Ather Similar Assets
rai	t III Organizations Maintaining Collections of A Complete if the organization answered "Yes" to Form 990		dier Silliar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and balance about works of ort
Ia	historical treasures, or other similar assets held for public exhibit	•	
	the text of the footnote to its financial statements that describes	· ·	ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		t and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, educ-		
	relating to these items:	ation, or research in furtherance of po	iblic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
2	If the organization received or held works of art, historical treasu		
-	the following amounts required to be reported under SFAS 116 (		a gairi, provide
а	Revenues included in Form 990, Part VIII, line 1	·	<b>&gt;</b> \$
-	,		

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

Schedule D (Form 990) 2013

	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tr	easures,	or Othe	r Similar A	ssets	continu	ued)
3	Using the organization's acquisition, accession	on, and other records,	, check	any of the	following tha	at are a si	gnificant use	of its col	lection	items
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how th	ey further t	he organizati	ion's exer	npt purpose ii	n Part XI	III.	
5	During the year, did the organization solicit or	r receive donations of	art, his	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of the	e orgar	nization's c	ollection?			<u> </u>	⁄es	☐ No
Pai	t IV Escrow and Custodial Arrang		e if the	organizatio	on answered	"Yes" to I	Form 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for o	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?							🗀 <b>ነ</b>	es (	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
								Aı	mount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1?					□ ነ	es/	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	the organization answ	wered '	'Yes" to Fo	orm 990, Part	IV, line 1	0.			
		(a) Current year	<b>(b)</b> Pr	ior year	(c) Two yea	rs back (	(d) Three years	back (e	Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%	•							
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organizat	ion tha	t are held a	and administe	ered for th	ne organizatio	า		
	by:									Yes No
	(i) unrelated organizations							Г	3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the							_		·
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" to Form 990, F	Part IV,	line 11a. S	See Form 990	), Part X, I	ine 10.			
	Description of property	(a) Cost or oth basis (investme			t or other (other)		ccumulated reciation	(d	) Book	value
1a	Land									
	Buildings									
С	Leasehold improvements				4601.		559			4042.
	Equipment									
	Other				8314.		5211	,		3103.
	. Add lines 1a through 1e. (Column (d) must ed		, colum	nn (B), line	10(c).)		<b>&gt;</b>			7145.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				d =6=
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	•			
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 000 Port IV	ling 11d Sag Form 000	Port V line 15	
	Description	, line Tru. See Form 930,	, rait X, iiile 15.	(b) Book value
(1)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV		m 990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value	4	
(1) Federal income taxes			4	
(2)			_	
(3)				
(4)			_	
(5)			-	
(6)			-	
(7)				
(8)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 25 )			
2. Liability for uncertain tax positions. In Part XIII, provid		note to the organization's	financial statements	that reports the
organization's liability for uncertain tax positions unde				
				nedule D (Form 990) 201

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Pai	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 12a.							
1	Total revenue, gains, and other support per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains on investments	2a							
b	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)	2d							
е	Add lines 2a through 2d								
3	Subtract line 2e from line 1		3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b								
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line								
Pa	rt XII Reconciliation of Expenses per Audited Financial	-	ises per Return.						
	Complete if the organization answered "Yes" to Form 990, Part IV,								
1	Total expenses and losses per audited financial statements		1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1							
	Donated services and use of facilities								
b	Prior year adjustments								
С									
	Other (Describe in Part XIII.)								
_	Add lines 2a through 2d								
3	Subtract line 2e from line 1		3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1							
	Investment expenses not included on Form 990, Part VIII, line 7b								
	Other (Describe in Part XIII.)	<u> </u>							
	Add lines 4a and 4b								
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	e 16.)	5						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	ad 4: Dort IV lines 1b and 2b: I	Part V. line 4: Part V. line 9: Part VI						
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		-ait v, iii le 4, Fait A, iii le 2, Fait Ai,						
111163	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide	e arry additional imormation.							
				—					
				—					
				<u> </u>					

332054 09-25-

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

RENO BIK	E PROJECT,	INC.					14-19888	00
Part I General Information on Grants	and Assistance					•		
1 Does the organization maintain records	s to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as:	sistance, and the selection	on	
criteria used to award the grants or ass							X Yes	No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of gran	t funds in the Unite	ed States.				
Part II Grants and Other Assistance to	o Governments an	d Organizations in th	e United States.	Complete if the org	anization answered "	Yes" to Form 990, Part IV	/, line 21, for any	
recipient that received more than	n \$5,000. Part II car	be duplicated if addi	tional space is nee	ded.				
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Enter total numbers of continue 504(-1/0)	and government :	ranizations lists discul	ha lina 1 tabla	1				
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>	-	~	ne ime i tadie				<u> </u>	
3 Enter total number of other organizatio LHA For Paperwork Reduction Act Notice							Schedule I (Form 990)	(2013)
Link 15. Lapor Work House and Act Notice	, uci						Somedale I (I of III 330)	_U .U)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2, Part III, colum	l n (b), and any other a	dditional information.	
PART 1, LINE 2					
EXPLANATION: THE ORGANIZATION W	ORKS WITH T	HE RENO F	IRE DEPARME	NT AND	
THE CHILDREN'S CABINET TO DISTR	TRUTE BICYC	LES TO NE	EDY CHILDRE	N AT	
CHRISTMAS TIME. BOTH OF THESE	ENTITIES WO	RK CLOSEL	Y WITH LOCA	L SUCIAL	
SERVICES AGENCIES TO ENSURE THA	T ALL THE R	ECIPIENTS	ARE QUALIF	IED.	

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

Employer identification number 14-1988800 RENO BIKE PROJECT, INC.

Pai	rt I	Types of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of	Noncash contr		Method of de		•	
			applicable	contributions or items contributed	amounts repor Form 990, Part VI		noncash contribu	ition a	mount	S
1	Art	- Works of art		rearrie derrination	1 01111 000, 1 art 11	11, mie 1 <u>9</u>				
2		- Historical treasures								
3		- Fractional interests								
4		oks and publications								
5		thing and household goods								
6		s and other vehicles								
7		ats and planes								
8		ellectual property								
9		curities - Publicly traded								
10		curities - Closely held stock								
11		curities - Partnership, LLC, or								—
••										
12		st interests curities - Miscellaneous								
13		alified conservation contribution -								
13										
14		toric structures  Alified conservation contribution - Other								
		***								
15		al estate - Residential								
16		al estate - Commercial								—
17		al estate - Other								—
18		lectibles								
19		od inventory								
20		gs and medical supplies								
21		idermy								
22		torical artifacts								
23		entific specimens								
24		heological artifacts	77	1000		000	TATE WARREN	773	<del></del>	
25		er (BICYCLES)	X	1000	55	000.	FAIR MARKET	VA	LUE	
26		er ()								
27	Oth	, , , , , , , , , , , , , , , , , , , ,								
28	Oth									
29		mber of Forms 8283 received by the organiz								
	for	which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement	29				
									Yes	No
30a		ing the year, did the organization receive by								
		east three years from the date of the initial of	contribution	, and which is not	required to be use	d for exer	npt purposes for			
								30a		<u>X</u>
b		Yes," describe the arrangement in Part II.								
31	Doe	es the organization have a gift acceptance p	policy that re	equires the review	of any non-standa	rd contrib	outions?	31		<u>X</u>
32a	Doe	es the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	ll noncash	l			
	con	tributions?						32a		<u>X</u>
b		Yes," describe in Part II.								
33	If th	ne organization did not report an amount in	column (c) f	or a type of prope	rty for which colun	nn (a) is cl	necked,			
	des	cribe in Part II.								
ΙНΑ	F	or Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	2013)

# SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2013
Open to Public

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

RENO BIKE PROJECT, INC.	14-1988800
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
MAINTENANCE, EDUCATION, AND PROMOTION OF BICYCLING EVENTS	•
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE TAX RETURN WAS REVIEWED BY THE EXECUTIVE	DIRECTOR AND THE
TREASURER PRIOR TO FILING. THE EXECUTIVE DIRECTOR AND THE	E TREASURER
SUBSEQUENTLY REPORTED TO THE BOARD OF DIRECTORS ON THE TAX	X RETURN CONTENTS
AND FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
50% MEALS AND ENTERTAINMENT	-987.

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#### 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	BIKE VALET RACKS	06/12/08	200DB	7.00	ну1	17	1075.			538.	537.	417.		48.	465.
2	FRONT DOOR	08/19/08	SL	39.00	MM1	17	3598.				3598.	403.		92.	495.
4	QUICKBOOKS POS SYSTEM (COMPUTER AND SOFTWARE)	11/19/10	200DB	5.00	MQ1	17	1800.				1800.	1184.		246.	1430.
5	ELECTRICAL OUTLETS TO WORKSTATIONS (6)	05/31/11	SL	39.00	MM1	17	351.				351.	15.		9.	24.
6	REMODEL/ADD WORKSTATIONS	08/01/11	SL	39.00	MM1	17	652.				652.	23.		17.	40.
8	BLACK AND WHITE TENT CANOPY	07/16/12	200DB	7.00	MQ1	17	1068.				1068.	114.		273.	387.
	DELL PRECISION TOWER (CASH REGISTER)	11/05/12	200DB	5.00	MQ1	17	200.				200.	10.		76.	86.
	MAC BOOK AIR 13" (NV VOLUNTEERS PROGRAM)	11/16/12	200DB	5.00	MQ1	17	1323.				1323.	66.		503.	569.
12	SAMSUNG LAPTOP (VISTAS PROGRAM)	12/19/12	200DB	5.00	MQ1	17	329.				329.	16.		125.	141.
13	SAMSUNG LAPTOP (VISTAS PROGRAM)	12/21/12	200DB	5.00	MQ1	17	329.				329.	16.		125.	141.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						10725.			538.	10187.	2264.		1514.	3778.
	MANAGEMENT AND GENERAL														
3	MACBOOK PRO LAPTOP COMPUTER	07/16/10	200DB	5.00	MQ1	17	1345.				1345.	933.		165.	1098.
7	SAFE	05/29/12	200DB	7.00	MQ1	17	468.				468.	84.		110.	194.
	HP PAVILION LAPTOP (ACCOUNTING)	10/11/12	200DB	5.00	MQ1	17	377.				377.	19.		143.	162.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						2190.				2190.	1036.		418.	1454.
	* GRAND TOTAL 990 PAGE 10 DEPR						12915.			538.	12377.	3300.		1932.	5232.

328111 05-01-13

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2013 DEPRECIATION AND AMORTIZATION REPORT

### - CURRENT YEAR FEDERAL - RENO BIKE PROJECT, INC.

Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES												
1	BIKE VALET RACKS	0612	0 8	200DB	7.00	17	1075.		538.	537.	417.		48.
	FRONT DOOR OUICKBOOKS POS	0819	08	SL	39.00	17	3598.			3598.	403.		92.
4	OUICRBOORS FOS SYSTEM (COMPUTER AN ELECTRICAL OUTLETS	11119	10	200DB	5.00	17	1800.			1800.	1184.		246.
5	TO WORKSTATIONS (6) REMODEL/ADD	0531	11	SL	39.00	17	351.			351.	15.		9.
6		0801	.11	SL	39.00	17	652.			652.	23.		17.
8		0716	12	200DB	7.00	17	1068.			1068.	114.		273.
10	TOWER (CASH REGISTE MAC BOOK AIR 13"	1105	12	200DB	5.00	17	200.			200.	10.		76.
11	(NV VOLUNTEERS PROG SAMSUNG LAPTOP	11116	12	200DB	5.00	17	1323.			1323.	66.		503.
12		1219	12	200DB	5.00	17	329.			329.	16.		125.
13			12	200DB	5.00	17	329.			329.	16.		125.
	PROGRAM SERVICES MANAGEMENT AND GENERAL						10725.		538.	10187.	2264.		1514.
	MACBOOK PRO LAPTOP COMPUTER	0716	10	200DB	5.00	17	1345.			1345.	933.		165.
		0529	12	200DB	7.00	17	468.			468.	84.		110.
	•		12	200DB	5.00	17	377.			377.	19.		143.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GEN						2190.			2190.	1036.		418.
	* GRAND TOTAL 990 PAGE 10 DEPR						12915.		538.	12377.	3300.		1932.