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 2014 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 16, 2015.

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 is enclosed for your files. We suggest that you retain this copy indefinitely. Sincerely, Bonari and Co. CPAS

EXTENDED TO NOVEMBER 16, 2015

Department of the Treasury

A For the 2014 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending

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

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	S DENO DIKE DOCTEON INC			
F	change Name change			14-1	988800
F	Initial return		m/suite	E Telephone number	
Ē	Final return/	541 E. 4TH STREET	,)323-4488
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	287161.
	Amend return	ed RENO, NV 89512		H(a) Is this a group re	eturn
	Application	IF Name and address of principal officer: NOALL CLIODE SILVERMAN		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527		list. (see instructions)
		e: ► RENOBIKEPROJECT.COM		H(c) Group exemption	
			L Year o	of formation: 2006 N	State of legal domicile: \overline{NV}
Р		Summary	г от	OVOT TNO AC	7 7 77 77 77 77 78 78 78 78 78 78 78 78
Governance	1 [Briefly describe the organization's mission or most significant activities: PROMOTIDAY LIFESTYLE CHOICE IN THE TRUCKEE MEADOWS	S TH	ROUGH BICYC	LE
ern	2 (Check this box $lacktriangle$ if the organization discontinued its operations or disposed $egin{aligned} lacktriangle & l$	of more	1 1	
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			9
		Number of independent voting members of the governing body (Part VI, line 1b)			9
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			11
ΞΞ	6	Total number of volunteers (estimate if necessary)		6	80
Aci	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	l b	Net unrelated business taxable income from Form 990-T, line 34	 T		Current Year
	8 (Contributions and grants (Part VIII, line 1h)		Prior Year 162712.	141102.
une	9 1	Program service revenue (Part VIII, line 2g)		94264.	134873.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		27.	30.
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2837.	-615.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		259840.	275390.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6335.	105.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		148623.	137769.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž	b b	Fotal fundraising expenses (Part IX, column (D), line 25)	_		40-0-
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		82372.	68795.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		237330.	206669.
	19 F	Revenue less expenses. Subtract line 18 from line 12		22510.	68721.
Net Assets or		5	Be	ginning of Current Year 155790.	End of Year 22899.
SSe	20	Fotal assets (Part X, line 16)		0.	0.
let /	21 22 1	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		155790.	222899.
	art II	Signature Block		133730	222033.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of my	/ knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which p			,
		<u> </u>			
Sig	gn	Signature of officer		Date	
Не	re	NOAH CHUBB-SILVERMAN, EXECUTIVE DIRECTOR	R		
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		ate Check Check	PTIN
Pai	-	JULIE CALLAHAN, CPA JULIE CALLAHAN, CPA	A 1	1/16/15 if self-employe	P00515481
		Firm's name BONARI AND CO. CPAS		Firm's EIN ▶	26-0020989
US	e Only	Firm's address 3724 LAKESIDE DRIVE, SUITE 201 RENO, NV 89509		Dhans / 7	75)322-5850
14-	v tha ID	S discuss this return with the preparer shown above? (see instructions)		Prione no. (7	X Yes No
IVId	ւջ ւմ ՄԵՄ	o discuss this return with the preparer shown above? (See instructions)			∟≛≛ ≀ ⊏⊃

Form 990 (2014)

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PROMOTE BICYCLING AS AN EVERY DAY LIFESTYLE CHOICE IN THE TRUCKEE
	MEADOWS THROUGH BICYCLE MAINTENANCE EDUCATION AND PROMOTION OF
	BICYCLING EVENTS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 150721 • including grants of \$) (Revenue \$ 134873 •)
	OPERATED A BIKE SHOP WITH VOLUNTEER MECHANICS AND EMPLOYED MECHANICS TO
	ASSIST THE GENERAL PUBLIC IN REPAIRING AND MAINTAINING THEIR BICYCLES.
	13,000 INDIVIDUALS SERVED.
	<u> </u>
4b	(Code:) (Expenses \$ 199 • including grants of \$) (Revenue \$
	CREATED THE MAJOR TAYLOR RIDE CLUB WHICH IS AN AFTER-SCHOOL BICYCLE
	RIDING CLUB. 34 UNDERSERVED AND DISADVANGED TEENS IN THE RENO-SPARKS
	AREA WERE TAUGHT ABOUT PHYSICAL FITNESS, NUTRITION, BIKE MAINTENANCE,
	SETTING AND MEETING GOALS, AND BIKE SAFETY THROUGH CLASSES HELD AT THE
	RENO BIKE PROJECT AND GROUP RIDES LED BY EXPERIENCED VOLUNTEER
	CYCLISTS.
4c	(Code:) (Expenses \$
	GAVE AWAY 186 BICYCLES TO NEEDY CHILDREN VIA THE CHILDREN'S CABINET (A
	LOCAL NOT FOR PROFIT ORGANIZATION).
4d	Other program services (Describe in Schedule O.)
. •	(Expenses \$ 30729 • including grants of \$) (Revenue \$)
4e	Total program service expenses 181754.
•	Form 990 (2014)

432002 11-07-14

Form 990 (2014) RENO BIKE PR 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	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_~	223, 222 and 5. gammano. 2005, or the desired interior. Statements to trib folding		000	(001.4)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21 Did the organization	on report more than \$5,000 of grants or other assistance to any domestic organization or			
domestic governm	ent on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22 Did the organization	on report more than \$5,000 of grants or other assistance to or for domestic individuals on			
Part IX, column (A	, line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23 Did the organization	on answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
and former officers	s, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule J		23		Х
	on have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last day of the yea	r, 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	on invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization	on maintain an escrow account other than a refunding escrow at any time during the year to defease			
any tax-exempt bo	nds?	24c		
d Did the organization	on act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3)	501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a	disqualified person during the year? If "Yes," complete Schedule L, Part I	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	n 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	on report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former officers, dir	ectors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
complete Schedul	e L, Part II	26		Х
27 Did the organization	on provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contributor or emp	loyee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	rsons? If "Yes," complete Schedule L, Part III	27		Х
28 Was the organizat	on a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions for ap	plicable filing thresholds, conditions, and exceptions):			
a A current or forme	r officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b A family member of	f a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c An entity of which	a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
director, trustee, o	r direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 Did the organization	on receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30 Did the organization	on receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "	Yes," complete Schedule M	30		Х
31 Did the organization	on liquidate, terminate, or dissolve and cease operations?			
If "Yes," complete	Schedule N, Part I	31		Х
	on sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule N, Part I	l	32		Х
33 Did the organization	on 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 organizat	on 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	on have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning	g of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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
	on 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				
	on complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	

Form 990 (2014) RENO BIKE PROJECT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш				
				Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5							
	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 reference to the control of t								
_	(gambling) winnings to prize winners?		1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a} 11							
	filed for the calendar year ending with or within the year covered by this return		0.	Х					
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ					
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х				
			3a						
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		3b						
48	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4.		Х				
h	If "Yes," enter the name of the foreign country:	account)?	4a		22				
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (ERAD)							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X				
	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								
ou	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								
-	were not tax deductible?	•	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Bill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
b									
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year	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		7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
_			8						
9	Sponsoring organizations maintaining donor advised funds.		0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
		12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b						
			Form	990	(2014				

08111116 785075 701

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	, , , , , , , , , , , , , , , , , , , ,	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	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		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	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 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 X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (775)323-4488			
	541 E. 4TH STREET, RENO, NV 89512			

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.

LX 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.

γ,	A)	(B)	(C)						(D)	(E)	(F)		
Name a	ınd Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated		
		hours per week	offic	unle: cer an	ss pe ıd a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other		
		(list any	ector						the	organizations	compensation		
		hours for related	Individual trustee or director	ee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
		organizations	trustee	Institutional trustee		yee	mpens		(W-2/1099-W13C)		organization and related		
		below	idualt	ution:	ie 1	Key employee	est co oyee	ler le			organizations		
		line)	Indiv	Instit	Officer	Keye	High emp	Form					
(1) JIM KILGORE		1.00											
DIRECTOR			Х						0.	0.	0.		
(2) DAN GOPEN		1.00											
DIRECTOR			Х						0.	0.	0.		
(3) CATRINA PETERS		5.00	,,		,,				_	_			
PRESIDENT		1 00	Х		Х				0.	0.	0.		
(4) SHAWN PEARSON		1.00	Х						_	0.	0		
DIRECTOR (5) DALY COSTANZA		1.00	Α						0.	0.	0.		
DIRECTOR		1.00	Х						0.	0.	0.		
(6) DAMIAN SINNOTT		5.00	^						0.	0.	0.		
SECRETARY		3.00	Х		х				0.	0.	0.		
(7) MICHELLE MORRIS	ON	5.00							•	•	•		
TREASURER		- 3.00	x		x				0.	0.	0.		
(8) JAMES WEBER		1.00							•	•			
DIRECTOR			х						0.	0.	0.		
(9) DAVID FIORE		1.00											
DIRECTOR			Х						0.	0.	0.		
			1										

	Section A. Officers, Directors, Trustees, Key Employees, and High						st C						
(A)	(B)			(C Pos		,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than			Reportable			timated	
	week					is bot or/trus		compensation from	compensation from related			ount o	Т
	(list any	tor						the	organization			oensati	ion
	hours for	r direc				pa:		organization	(W-2/1099-MI			om the	
	related	stee or	ustee			ensat		(W-2/1099-MISC)			orga	anizatio	n
	organizations below	al trus	onal tr		loyee	comp						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nizatio	ns
		드	드	ð	₹ 8	III 등	요						
1b Sub-total							<u>►</u>	0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			^
compensation from the organization											I	Yes	0 No
3 Did the organization list any former officer	director or tru	ıste	e ke	v er	nnlc	ovee	or	highest compensated e	mplovee on			165	NO
line 1a? If "Yes," complete Schedule J for s			,	,	•	,	,		. ,		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or					-					3			
rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch	pers	son .					5		X
Section B. Independent Contractors									*				
 Complete this table for your five highest co the organization. Report compensation for 	-	-								npens	ation	rom	
(A)								(B)			(C		
Name and business	address	NO	INC	3				Description of s	services	С	omper	nsation	
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organ				<u> </u>	(0 "							

432008 11-07-14

Page **9**

Pa	rt v			o or poto to ony lin	o in this Dort VIII			
		Check if Schedule O conta	airis a respons	e 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
nts	1	a Federated campaigns	1a					
Gra		b Membership dues		5890.				
ts, (c Fundraising events	1c	5000.				
Gif ilar		d Related organizations	1d					
JS,		e Government grants (contributi	ions) 1e					
er S		f All other contributions, gifts, grant	ts, and					
혈美		similar amounts not included abov	ve 1f	130212.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines	1a-1f: \$	71500.				
<u>ặ ଓ</u>		h Total. Add lines 1a-1f		>	141102.			
				Business Code	005504	005504		
Program Service Revenue	2	a BICYCLE SALES/R		451110	285594.	285594.		
		b LESS: COST OF GO	ODS	451110	-150721.	-150721.		
n S		С						
Jrar Rev		d						
o _		e						
ъ.		f All other program service reve			124072			
		g Total. Add lines 2a-2f			134873.			
	3	Investment income (including	•	*	30.			30.
	_	other similar amounts)			30.			30.
	4	Income from investment of tax						
	5	Royalties						
	6	• Cross rents	(i) Real	(ii) Personal				
		a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities					
	′	assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis		+				
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
•		a Gross income from fundraising						
nue			00 • of					
e e		contributions reported on line						
Ä		Part IV, line 18		a 11156.				
Other Revenue		b Less: direct expenses		b 11771.				
0		c Net income or (loss) from fund		>	-615.			-615.
		a Gross income from gaming ac	-					
		Part IV, line 19		a				
		b Less: direct expenses		b				
		c Net income or (loss) from gam						
	10	a Gross sales of inventory, less	returns					
		and allowances		a				
		b Less: cost of goods sold		b				
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :	a						
		b						
		С						
		d All other revenue						
		e Total. Add lines 11a-11d		▶	00000	4010=6		
	40	Total rayanua Con instructions		▶	275390	I 13⊿873 I	Λ.	-585

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All other	organizations must con	nplete column (A).

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	105	105		
	and domestic governments. See Part IV, line 21	105.	105.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	34000.	20400.	6800.	6800
•	trustees, and key employees	34000.	20400•	0000.	0000
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	94001.	94001.		
7	Other salaries and wages	94001.	94001.		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9768.	8730.	519.	519
10	Payroll taxes	9700.	0750.	319.	319
11	Fees for services (non-employees):				
a	Management				
b	Legal	315.		315.	
c	Accounting	313.		313.	
d	Lobbying				
e	Investment management fees				
f	//(!) 44				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	4355.			4355
13		3460.	2595.	692.	173
14	Office expenses Information technology	31000	23331	0,21	
15	Royalties				
16	Occupancy	23038.	21891.	1147.	
17	Travel	721.	721.		
18	Payments of travel or entertainment expenses	. = = -	, = = 1		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	545.	545.		
20	Interest		5 - 5 1		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1721.	1405.	316.	
23	Insurance	4921.	3775.	1146.	
24	Other expenses. Itemize expenses not covered	====			
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	WORKMAN'S COMPENSATION	7660.	6846.	407.	407
b	BANK CHARGES AND MERCHA	4740.	4740.		
c	AUTOMOBILE EXPENSES	3376.	3376.		
d	CONTRACT LABOR	3348.	2802.	546.	
	All other expenses	10595.	9822.	561.	212
25	Total functional expenses. Add lines 1 through 24e	206669.	181754.	12449.	12466
<u> 26</u>	Joint costs. Complete this line only if the organization	·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2014

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 55662. 107329. Cash - non-interest-bearing 1 47019. 47049 2 Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 44964. 54751. 8 Inventories for sale or use Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 20261. basis. Complete Part VI of Schedule D ______ 10a 7145. 12770. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1000. 1000. 15 Other assets. See Part IV, line 11 15 155790. 222899 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** Unrestricted net assets 27 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 155790. 222899. 32 Retained earnings, endowment, accumulated income, or other funds 32 155790. 222899. Total net assets or fund balances 33 33

Form **990** (2014)

222899.

Total liabilities and net assets/fund balances ______

155790.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		753		
2	Total expenses (must equal Part IX, column (A), line 25)	2		066		
3	Revenue less expenses. Subtract line 2 from line 1	3		687		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	557	90.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-16	12.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	228	99.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			BIKE PROJ					.4-1900000
Pa	rt I	Reason for Public	Charity Status (4	All organizations must co	omplete th	is part.) Se	e instructions.	
he	organ	zation is not a private found	lation because it is: (For lines 1 through 11, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative			ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					•	the hospital's name,
		city, and state:	•					, ,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descri	bed in
•		section 170(b)(1)(A)(iv). (C			a o. opo.a			
6				aantal unit daaarihad in	coetion 17	70/6\/4\/4\	(A)	
6	X	A federal, state, or local go						Landella de adela di Sa
1	Δ	An organization that norma		ntial part of its support	rom a gov	ernmentai	unit or from the genera	public described in
		section 170(b)(1)(A)(vi). (C						
8	Н	A community trust describe						
9		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
10	Ш	An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50	9(a)(4).	
11		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ns of, or to carry out th	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 11a through 11d that	describes the type o	f supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically b	y giving
		the supported organization						
		organization. You must o			, ,			11 3
b		Type II. A supporting org			tion with it	s supporte	ed organization(s) by h	avina
-		control or management of	-					-
		organization(s). You mus			arric perse	ons that oc	introl of manage the su	oported
_		1			in connoc	tion with	and functionally integrat	od with
С		Type III functionally inte						eu witii,
-1		its supported organizatio						:t:(-)
d		Type III non-functionally						
		that is not functionally int	-	• •	•			tiveness
		requirement (see instruct	· ·	-				
е		Check this box if the orga					Type I, Type II, Type III	
	_	functionally integrated, or	• •	nally integrated support	ing organi	zation.		
		r the number of supported of						
g		ride the following information Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monotony	(vi) Amount of
	,	organization	(11) = 114	(described on lines 1-9	listed i	n your	support (see	other support (see
		- g		above or IRC section		document?	Instructions)	Instructions)
				(see instructions))	Yes	No	,	<u> </u>
[ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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 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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	66958.	83580.	130932.	125707.	136102.	543279.
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	66958.	83580.	130932.	125707.	136102.	543279.
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.						543279.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	66958.	83580.	130932.	125707.	136102.	543279.
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 VI.)						
11	Total support. Add lines 7 through 10						543279.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1094949.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
~	organization, check this box and stop						<u></u>
Sec	ction C. Computation of Publ						100 00
14	Public support percentage for 2014 (I					- 	100.00 %
15	Public support percentage from 2013						100.00 %
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					*
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the		•		•		. —
	organization meets the "facts-and-circ		•	•	,		
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-F7) 2014						

432022

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 Suppor	t	implete i art ii.)				
Calendar year (or fiscal year beginni		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, a	· ' · · · · · · · · · · · · · · · · · ·			` '	, ,	
membership fees received. (
include any "unusual grants.						
2 Gross receipts from admission						
merchandise sold or service	s per-					
formed, or facilities furnished						
any activity that is related to						
organization's tax-exempt pu					+	
3 Gross receipts from activities						
are not an unrelated trade or						
					_	
4 Tax revenues levied for the c	•					
ization's benefit and either p						
or expended on its behalf						
5 The value of services or facil	ities					
furnished by a governmental	l l					
the organization without cha	rge					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1	, 2, and					
3 received from disqualified	persons					
b Amounts included on lines 2 and 3 red	ceived					
from other than disqualified persons the						
exceed the greater of \$5,000 or 1% of amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from						
Section B. Total Support	ii iiile 6.)					
Calendar year (or fiscal year beginni	ing in) (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	- ,	(5) 2011	(6) 2012	(u) 2010	(6) 2014	(i) rotal
10a Gross income from interest,						+
dividends, payments receive	ed on					
securities loans, rents, royalt	ties					
and income from similar soul					_	
b Unrelated business taxable incor						
(less section 511 taxes) from bu	sinesses					
c Add lines 10a and 10b						
11 Net income from unrelated b						
activities not included in line whether or not the business						
regularly carried on						
12 Other income. Do not include						
or loss from the sale of capit assets (Explain in Part VI.)	l l					
13 Total support. (Add lines 9, 10c, 11						
14 First five years. If the Form	•	on's first, second, th	ird, fourth, or fifth t	tax vear as a sect	ion 501(c)(3) organi:	zation.
check this box and stop her	· ·			•		
Section C. Computation						
15 Public support percentage for			column (fl)		15	9
16 Public support percentage for					16	Ç
Section D. Computation					1101	
17 Investment income percenta		<u>~</u> _			17	Ç
18 Investment income percenta					18	
19a 33 1/3% support tests - 20						
more than 33 1/3%, check the						
b 33 1/3% support tests - 20						
line 18 is not more than 33 1						
20 Private foundation. If the or	ganization did not check	ca box on line 14, 19	9a, or 19b, check t	his box and see i	nstructions	▶∟

432023 09-17-14

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
0		
8		
9a		
9b		
0-		
9с		
10-		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)		- 10	igo o
	Continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
11				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	4.4		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
4	Ware a majority of the expeniention's directors by twistons during the tay year also a majority of the directors		163	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	:)	
2	Activities Test. Answer (a) and (b) below.	40110110	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	have the analysis of the allowable for the analysis of the ana			
	and outperson of garanta or praint			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrate	ed Type III supporting ord	ganization (see
	instructions)			· · ·

Par	^{∕t V} │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Breakdown of line 7.			
a h				
<u>b</u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A	(Form 990 or 990-EZ) 2014 RENO BIKE PRO	DJECT,	INC.	14-1988800 Page 8
Part VI	Supplemental Information. Provide the expla	anations requ	uired by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
	Also complete this part for any additional information	n. (See instruc	ctions).	
-				

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

RENO BIKE PROJECT, INC. 14-1988800

Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	tion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
For an organiz	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(any one contr	zation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 0-EZ, line 1. Complete Parts I and II.				
year, total cor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ntributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for n of cruelty to children or animals. Complete Parts I, II, and III.				
year, contribu is checked, e purpose. Do r	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box inter here the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ritable, etc., contributions totaling \$5,000 or more during the year				
Caution. An organizat	ion 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),				

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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 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	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	REGIONAL TRANSPORTATION COMMISSION 2050 VILLANOVA DRIVE RENO, NV 89502	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	JOHN STRANGEMAN 2532 STARR MEADOWS LOOP RENO, NV 89519	\$6800.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	STILLWATER FOUNDATION PO BOX 868 RENO, NV 89504	\$\$	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		
5	ROXIE AND AZAD JOSEPH FOUNDATION 2690 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		

RENO BIKE PROJECT, INC.

14-1988800

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
		 \$	
(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
		 \$	
		Oakadula D (Farma O	00 000 E7 ** 000 DE\ (0044)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number 14-1988800 RENO BIKE PROJECT, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom 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 (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 (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

423454 11-05-14

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RENO BIKE PROJECT TNC. **Employer identification number** 14-1988800

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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	T		a.
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	•	
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	•	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		🕨 \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		<u>'</u>
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		• \$
b			

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

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

	PROJECT, IN	С.	14-	-1988800 _{Pag}	je 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Ye					
(a) Description of security or category (including name of security		(c) Method of va	lluation: Cost or end	of-year market value	
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Tatal (Col. (h) must squal form 000, Part V. sol. (R) line 10.)					_
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	·				
	- t- F 000 Pt	lina 11a Can Farma 000 F	and V. line 10		
Complete if the organization answered "Ye (a) Description of investment	(b) Book value			of-year market value	
· · ·	(b) Book value	(c) Method of ve	ildation. Cost of Cha	or year marker value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Ye	s" to Form 990 Part IV	line 11d See Form 990 F	Part X line 15		
	a) Description	,	u. () () () ()	(b) Book value	
(1)	, ,			. ,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15)		•		
Part X Other Liabilities.					
Complete if the organization answered "Ye	s" to Form 990. Part IV	'. line 11e or 11f. See Form	990. Part X. line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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

Schedule D (Form 990) 2014

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 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 (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	7	2d	
е	• • • • • • • • • • • • • • • • • • • •		- I
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	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b c	Other (Describe in Part XIII.) Add lines 4a and 4b		40
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		4c 5
	rt XII Reconciliation of Expenses per Audited Financial S		-
	Complete if the organization answered "Yes" to Form 990, Part IV, I		•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	• • • • • • • • • • • • • • • • • • • •		
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	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b		4.	
	,	-	40
С	Add lines 4a and 4b		
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
5 Pa	Add lines 4a and 4b	18.)	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5
5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.)d 4; Part IV, lines 1b and 2b; F	5

10-01-

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990 Inspection

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RENO BIKE PROJECT, INC. 14-1988800

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

Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events POSITIVELY (add col. (a) through 3 FOURTH STREE col. (c)) (event type) (total number) (event type) 10190. 10190. 1 Gross receipts 5000. 5000. 2 Less: Contributions 5190. 5190. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 200. 200. 8 Entertainment 4693. 9 Other direct expenses 4693. 4893. 10 Direct expense summary. Add lines 4 through 9 in column (d) 297 11 Net income summary. Subtract line 10 from line 3, column (d) Part III 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **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:

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Schedule G (Form 990 or 990-EZ) 2014

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014 RENO BIKE PROJECT, INC. 14	-19888	300	Page 3
11 Does the organization conduct gaming activities with nonmembers?		'es [No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		′es [□ No
13 Indicate the percentage of gaming activity conducted in:	L	es i	NO
a The organization's facility	13a		%
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]		
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀 Ү	es [No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	Y	′es [☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	II, lines 9, 9	b, 10b	o, 15b,

Schedule G (Form 990 or 990-EZ) RENO BIKE PROJECT, INC.	14-1988800 Page 4
Schedule G (Form 990 or 990-EZ) RENO BIKE PROJECT, INC. Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ)

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 BIKE	E PROJECT,	INC.					14-1988800
Part I General Information on Grants	and Assistance					•	
Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the select	
criteria used to award the grants or ass	istance?						No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	_				anization answered "\	es" to Form 990, Part I	V, line 21, for any
recipient that received more than	 	· ·	· ·		(f) Method of		
1 (a) 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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table			<u> </u>	>
3 Enter total number of other organization							

(a) Type of grant or assistance (b) Number of recipients (c) Amount of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (b) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance (b) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other) (g) Method of valuation (book, FMV, appraisal, other)	dditional space is needed.
	sistance (b)
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
	Provide the information required

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Attach to Form 990.

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

Inspection

Employer identification number

Name of the organization RENO BIKE PROJECT, INC.

14-1988800

Par	rt i Types of Property								
		(a)	(b)	(c)	9	(d)			
		Check if applicable	Number of contributions or	Noncash contri amounts repor		Method of donorcash contrib			•
		applicable		Form 990, Part VI		TIONCASTI CONTIND	ulion a	mount	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
	Food inventory								
	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
	Scientific specimens								
24	Archeological artifacts								
25	Other (BICYCLES) X	1300	71	500.	FAIR MARKET	r VA	LUE	
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the org	anization during	g the tax year for c	ontributions					
	for which the organization completed Form	8283, Part IV, I	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive								
	must hold for at least three years from the o								
	exempt purposes for the entire holding peri	iod?					30a		X
	If "Yes," describe the arrangement in Part I								
31	Does the organization have a gift acceptant	ce policy that re	equires the review	of any non-standa	rd contrib	utions?	31		X
32a	Does the organization hire or use third parti	ies or related or	ganizations to soli	cit, process, or sel	l noncash				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount	t in column (c) f	or a type of prope	rty for which colum	nn (a) is ch	necked,			
	describe in Part II.								
НΔ	For Panerwork Reduction Act Notice s	eae the Instruc	tions for Form 99	n		Schedule M	(Form	ggn) (2014)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAINTENANCE, EDUCATION, AND PROMOTION OF BICYCLING EVENTS.
FORM 990, PART VI, SECTION B, LINE 11:
THE TAX RETURN WAS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING. THE
EXECUTIVE DIRECTOR SUBSEQUENTLY REPORTED TO THE BOARD OF DIRECTORS ON THE
TAX RETURN CONTENTS AND FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE INFORMATION IS AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
50% MEALS AND ENTERTAINMENT -1612.

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2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	e 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	ну17	1075.			538.	537.	465.		48.	513.
2	FRONT DOOR	08/19/08	SL	39.00	MM17	3598.				3598.	495.		92.	587.
4	QUICKBOOKS POS SYSTEM (COMPUTER AND SOFTWARE)	11/19/10	200DB	5.00	MQ17	1800.				1800.	1430.		197.	1627.
5	ELECTRICAL OUTLETS TO WORKSTATIONS (6)	05/31/11	SL	39.00	MM17	351.				351.	24.		9.	33.
6	REMODEL/ADD WORKSTATIONS	08/01/11	SL	39.00	MM17	652.				652.	40.		17.	57.
8	BLACK AND WHITE TENT CANOPY	07/16/12	200DB	7.00	MQ17	1068.				1068.	387.		195.	582.
10	DELL PRECISION TOWER (CASH REGISTER)	11/05/12	200DB	5.00	MQ17	200.				200.	86.		46.	132.
11	MAC BOOK AIR 13" (NV VOLUNTEERS PROGRAM)	11/16/12	200DB	5.00	MQ17	1323.				1323.	569.		302.	871.
12	SAMSUNG LAPTOP (VISTAS PROGRAM)	12/19/12	200DB	5.00	MQ17	329.				329.	141.		75.	216.
13	SAMSUNG LAPTOP (VISTAS PROGRAM)	12/21/12	200DB	5.00	MQ17	329.				329.	141.		75.	216.
14	2001 CHEVY CUTAWAY VAN	11/14/14	200DB	5.00	MQ21	6010.				6010.			301.	301.
15	PALLET RACKING	12/09/14	200DB	7.00	MQ19	c 1336.				1336.			48.	48.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES					18071.			538.	17533.	3778.		1405.	5183.
	MANAGEMENT AND GENERAL													
3	MACBOOK PRO LAPTOP COMPUTER	07/16/10	200DB	5.00	MQ17	1345.				1345.	1098.		152.	1250.
7	SAFE	05/29/12	200DB	7.00	MQ17	468.				468.	194.		78.	272.
9	HP PAVILION LAPTOP (ACCOUNTING)	10/11/12	200DB	5.00	MQ17	377.				377.	162.		86.	248.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL * GPAND TOTAL 990 PAGE 10						2190.				2190.	1454.		316.	1770.
	* GRAND TOTAL 990 PAGE 10 DEPR						20261.			538.	19723.	5232.		1721.	6953.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

RENO BIKE PROJECT, INC. FORM 990 PAGE 10		14-1988800
Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V	/ before y	ou complete Part I.
1 Maximum amount (see instructions)	1	500000.
2 Total cost of section 179 property placed in service (see instructions)		
3 Threshold cost of section 179 property before reduction in limitation	3	2000000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected	cost	
7 Listed property. Enter the amount from line 29		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		
9 Tentative deduction. Enter the smaller of line 5 or line 8		
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12		
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during		
	14	
the tax year 15 Property subject to section 168(f)(1) election	—	
16 Other depreciation (including ACRS)	16	
Part III MACRS Depreciation (Do not include listed property.) (See instructions.)	10	
Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	1372.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	j [*]	
Section B - Assets Placed in Service During 2014 Tax Year Using the General Deprecia	tion Syst	em
(a) Classification of property (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		
b 5-year property		
c 7-year property 1336. 7 YRS. MQ	200DB	48.
d 10-year property		
e 15-year property		
f 20-year property		
g 25-year property 25 yrs.	S/L	
h Residential rental property / 27.5 yrs. MM	S/L	
/ 27.5 yrs. MM	S/L	
i Nonresidential real property / 39 yrs. MM	S/L	
Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreci	S/L	-1
		stem T
20a Class life	S/L	
b 12-year 12 yrs.	S/L	
c 40-year / 40 yrs. MM Part IV Summary (See instructions.)	S/L	
	01	301.
21 Listed property. Enter amount from line 28 22 Total Add amounts from line 12 lines 14 through 17 lines 19 and 20 in column (a) and line 21	21	301.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	. 22	1721.
23 For assets shown above and placed in service during the current year, enter the	22	1,21,
portion of the basis attributable to section 263A costs		
416251 01-08-15 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 4562 (2014)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.														
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)														
24a Do you have evidence to support the business/investment use clai				aimed?	ΧY	es	No	24b If "Y	es," is the evidence written? X Yes				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ot	(d) Cost or her basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and														
used more than 50% in	a qualified b	usiness use								25				
26 Property used more that														
2001 CHEVY	: :	%												
CUTAWAY VAN	111414	100.00 %	,	601	0.	60	10.5	5.00	200D	B-MQ		301.		
	: :	%	,											
27 Property used 50% or l	ess in a quali	fied business ι	ıse:											
. ,	1 : :	%							S/L -					
		%	,						S/L -					
	: :	%	,						S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here				e and on	line 21.	page 1				28		301.		
29 Add amounts in column (i), line 26. Enter here and on line 7, page												29		
	Section B - Information on Use of Vehicles													
Complete this section for ve	ehicles used l	oy a sole propi	ietor, p	artner, o	r other "	more th	an 5%	owner," (or related	d person	. If you ¡	orovided	l vehicle	S
to your employees, first ans	wer the ques	tions in Sectio	n C to s	see if you	ı meet a	an excep	tion to	completi	ng this s	ection f	or those	vehicles	S.	
-			(a)			(b) Vehicle 1 V		(c) (d)		•	1 ' '		(f)	
30 Total business/investment miles driven during the		~ H	Vehicle Vehic		icie ±	. Vehicle		Vehicle		Vehicle		Vehicle		
year (do not include commuting miles)														
31 Total commuting miles														
32 Total other personal (no	-													
driven														
33 Total miles driven during	•													
Add lines 30 through 32														
34 Was the vehicle availab		T	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?								1						
35 Was the vehicle used p		more												
than 5% owner or relate	ed person?													

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?								No
38	38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your								
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners								
39	Do you treat all use of vehicles by employees								
	Do you provide more than five vehicles to you								
	the use of the vehicles, and retain the informa								
41	Do you meet the requirements concerning qua								
	Note: If your answer to 37, 38, 39, 40, or 41 is								
P	Part VI Amortization	<u> </u>	•						
_	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section			(f) ortization this year		
42	Amortization of costs that begins during your	2014 tax yea	r:						
		: :							
		1 1							
43	43 Amortization of costs that began before your 2014 tax year 43								
44	44 Total. Add amounts in column (f). See the instructions for where to report 44								

416252 01-08-15

Form 4562 (2014)

36 Is another vehicle available for personal

Form **8868**

(Rev. January 2014)

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.

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

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		>	X		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Do not o	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.			
Electro	nic filing _(e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a corp	oration		
equired	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 88	368 to request an e	xtension		
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated With Ce	rtain		
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of this t	iorm,		
isit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits	L						
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies nee	eded).				
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete				
Part I or	nly				>			
	r corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time			
o file in	come tax returns.			Enter file	er's identifying nun	nber		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	Employer identification number (EIN) o			
orint					14-198880			
	RENO BIKE PROJECT, INC.	RENO BIKE PROJECT, INC.						
File by the due date fo		ee instruc	tions.	Social se	curity number (SSN	i)		
iling your eturn. See	C/O BONARI AND CO CPAS - 37	724 L	AKESIDE DR STE 201					
nstruction		oreign add	lress, see instructions.					
	RENO, NV 89509							
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			. 0 1		
			_					
Applica	tion	Return	Application	Return				
s For		Code	de Is For					
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 4720 (individual)			Form 4720 (other than individual)			09		
Form 990-PF			Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11		
orm 99	00-T (trust other than above)	06	Form 8870			12		
	THE ORGANIZATION							
• The I		EET -	RENO, NV 89512					
Telep	ohone No. ► (775)32 3-4488		Fax No. ▶					
If the	organization does not have an office or place of business	s in the Un	nited States, check this box		>			
If this	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	If this is fo	r the whole group, o	heck this		
oox ►	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs o	f all memb	ers the extension is	for.		
1 In	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until				
_	AUGUST 15, 2015 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
is	for the organization's return for:							
	calendar year 2014 or							
	tax year beginning	, an	d ending					
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n			
L	Change in accounting period							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						•		
_	onrefundable credits. See instructions.			3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069			•				
_	stimated tax payments made. Include any prior year overp	3b	\$	0.				
	alance due. Subtract line 3b from line 3a. Include your pa	•				•		
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.		
	n. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	r payment		
nstruct	ions							

701___1

Form 8868 (Rev. 1-2014)

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

LHA 423841 05-01-14

Form 8868 (Rev. 1-2014)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check thi	s box				
Note. Only complete Part II if you have already been granted an							
If you are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).					
Part II Additional (Not Automatic) 3-Month I	Extensio	n of Time. Only file the origir	nal (no co	pies nee	eded).		
		Enter filer's	s identifyir	ng number,	, see instructions		
Type or Name of exempt organization or other filer, see instr	e or Name of exempt organization or other filer, see instructions.						
orint							
RENO BIKE PROJECT, INC.				14-1988800			
Number, street, and room or suite no. If a P.O. box,	Social se	curity numl	oer (SSN)				
cturn. See C/O BONARI AND CO CPAS - 37							
City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.					
RENO, NV 89509							
					[]		
Enter the Return code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
A	D-4	Atiati			Return		
Application	Return	1 ''					
s For Form 990 or Form 990-EZ	Code 01	Is For			Code		
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	03	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870 12					
STOP! Do not complete Part II if you were not already grante	d an autor	natic 3-month extension on a pre	viously file	ed Form 88	68.		
THE ORGANIZATI		•					
• The books are in the care of \triangleright 541 E. 4TH STR		RENO, NV 89512					
Telephone No. ► (775)323-4488		Fax No. ▶					
If the organization does not have an office or place of busines	ss in the Ur	-					
If this is for a Group Return, enter the organization's four digit							
lacktriangle . If it is for part of the group, check this box $lacktriangle$	_	ich a list with the names and EINs o					
	NOVEM:	BER 15, 2015					
5 For calendar year 2014 , or other tax year beginning		, and endir	ng				
6 If the tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension							
INFORMATION NECESSARY TO COMP	LETE '	THE RETURN HAS NOT	YET	BEEN I	RECEIVED.		
0							
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	J, or 6069,	enter the tentative tax, less any	ا ا		0.		
nonrefundable credits. See instructions.	0		8a	\$	<u></u>		
b If this application is for Forms 990-PF, 990-T, 4720, or 606							
tax payments made. Include any prior year overpayment a previously with Form 8868.	allowed as a	a credit and any amount paid	8b	\$	0.		
Balance due. Subtract line 8b from line 8a. Include your p	avmont wit	th this form if required by using	OD	Ψ			
EFTPS (Electronic Federal Tax Payment System). See inst		ir triis form, ii required, by daing	8c	\$	0.		
		st be completed for Part II		Ψ			
Under penalties of perjury, I declare that I have examined this form, incluting the true, correct, and complete, and that I am authorized to prepare this	ding accomp		-	f my knowled	dge and belief,		
, , , , , , , , , , , , , , , , , , , ,		እ ተ ሞ አ እ ተሞ	5 :				
Signature Title	ACCOU	N T WIN T.	Date		0000 (D 100: 1)		
				Form	8868 (Rev. 1-2014)		