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DLN: 93493121016707

Department of the Treasury

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

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

nterna	ai Kevei	nue Serv	rice					
			alendar year, or tax year beginning C Name of organization	99-01-2015 , and ending 08-31-20	16	٦		
		pplicable •	BICYCLE TRANSPORTATION ALLIANCE			D Empi	oyer ide	ntification number
_	idress d ame cha	-				93-1	05795	6
_	itial retu	-	Doing business as					
_	nal					E Teleph	none num	ber
	/temina		Number and street (or P O box if ma 618 NW GLISAN NO 401	il is not delivered to street address) Room/s	uite	(502	\ 226-C	1676
_	nended i		City or town, state or province, counti	ny and ZIP or foreign postal code		(303) 226-0	1676
Ap	plication	n pending	PORTLAND, OR 97209	ry, and 21P of foreign postal code		G Gross	receipts	\$ 1 , 1 56,545
			F Name and address of principa	al officer	117-3	_	•	
			SUSAN J MARKS	ii onicei		this a grou		
			618 NW GLISAN NO 401			ubordinates´ No	,	Yes 🗸
. Ta	v ovom	ent status	PORTLAND,OR 97209 			re all subord	linates	□Yes □ No
l a.	x-exem	pt status	² √ 501(c)(3)	nsert no) 4947(a)(1) or 527		cluded?	h a liet	(see instructions)
W	ebsit e	: ► W\	WW BTAOREGON ORG			roup exemp		•
, -				on ☐ Other ▶		of formation 1		State of legal domicile O
For	n or org	ganızatıoı	n 🗸 Corporation Trust Associati	on Other P	-			out or logal actions o
Pa	rt I	Sun	nmary					
			escribe the organization's mission o					
		ΓΑ CRE CCESS	·	COMMUNITIES BY MAKING BICY	CLING SAF	E, MORE C	ONVEN	IENT &
ų	A	CCESS	IDLE					
ž ŧ								
<u> </u>								
GOVERNA	2 0	Check t	his box $\blacktriangleright \ \Box$ if the organization dis	continued its operations or disposed	of more tha	an 25% of it	s net as	ssets
d d	٦,		of veting mambare of the government	a bady (Dart VI. Juna 1a)			1 . 1	1.5
				g body (Part VI, line 1a)			3	15
			· -	the governing body (Part VI, line 1b	•			15
ACHAINES			• •	ellendar year 2015 (Part V, line 2a)			5 6	37
٠.			•	t VIII. selumn (C) lung 13				22
				t VIII, column (C), line 12 n Form 990-T, line 34			7a	0
	D IN	et unite	iated business taxable income non	11 Oliii 990-1, iiile 34		Prior Year	7 b	Current Year
	8	Conti	ributions and grants (Part VIII, line	<u>'</u>	1,093	868	1,024,60	
<u>a</u> i	9		ram service revenue (Part VIII, lin	·	· · · · · · · · · · · · · · · · · · ·	,355	86,140	
Ravenua	10			(A), lines 3, 4, and 7d)		103	786	2,00
Ę.	11		r revenue (Part VIII, column (A), I			24	,236	-689
	12			must equal Part VIII, column (A), lii	ne 🗀			
		12)	Tovende dad imed e imedgii 11 (1,222	,245	1,112,06
	13	Grant	ts and sımılar amounts paıd (Part I	X, column (A), lines 1-3)		4	,200	(
	14	Bene	fits paid to or for members (Part IX	(, column (A), line 4)			0	(
(6)	15			e benefits (Part IX, column (A), lines		865	,834	902,12
S.		5-10	,					<u> </u>
Expenses	16a			column (A), line 11e)	•		0	
፭	ь		fundraising expenses (Part IX, column (D),					
	17			nes 11a-11d, 11f-24e)	•		,840	352,150
	18		·	t equal Part IX, column (A), line 25)		1,268		1,254,283
(n	19	Reve	nue less expenses Subtract line 1	8 from line 12	•	-46	,629	-142,218
5 00					Beginnir	ng of Current	Year	End of Year
Net Assets of Fund Balances	20	Total	assets (Part X, line 16)			605	,266	462,78
Z Z	21		liabilities (Part X, line 26)			94	,788	94,524
ξĒ	22	Neta	ssets or fund balances Subtract li	ine 21 from line 20		510	,478	368,260
	rt II		nature Block					
				nined this return, including accompa				
			belief, it is true, correct, and comp knowledge	olete Declaration of preparer (other t	than officer) is based or	n all info	rmation of which
	114							
		I I I I	***			2017-04-30		
Sign		▼ Sign	nature of officer			Date		
lere	е		SAN J MARKS TREASURER					
		<u> </u>	e or print name and title		<u>, </u>		T p	
			Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid		<u> </u>	Firm's name			self-employed Firm's EIN ▶		
	pare	r	Firm's address			Phone no		
lea	Onl	lv l						

Page 2

26,160)

AND VOLUNTEER COORDINATION THE BTA HELPS IMPLEMENT AND TEACH THE SHARE THE ROAD SAFETY CLASS, WHICH FOCUSES ON TRAFFIC LAW AND SAFETY ISSUES AS THEY RELATE TO BICYCLISTS, PEDESTRIANS AND MOTORISTS NEEDING TO SHARE THE PUBLIC RIGHT-OF-WAY IN A SAFE AND LAWFUL MANNER 70,338) ADVOCACY THE BTA ADVOCATES FOR BICYCLING INFRASTRUCTURE AND PROGRAMS AT THE LOCAL AND STATE LEVEL AND ENGAGES COMMUNITY MEMBERS IN OUR ADVOCACY ACTIVITIES THE BTA WORKS WITH LOCAL GOVERNMENTS AND TRANSPORTATION AGENCIES TO IMPLEMENT MORE AND BETTER BIKE INFRASTRUCTURE, INCLUDING BICYCLE BOULEVARDS, CYCLE TRACKS, BUFFERED BIKE LANES, ON-STREET BIKE CORRALS, AND BETTER BIKE PARKING AT TRANSIT STOPS THE BTA WORKS WITH TRANSPORTATION DEPARTMENTS, ENFORCEMENT AGENCIES, AND OTHER COMMUNITY LEADERS TO IDENTIFY STRATEGIES FOR INCREASING SAFETY FOR ALL ROAD USERS IN AN EFFORT TO ELIMINATE FATALITIES AND SERIOUS INJURIES ON OUR COMMUNITY'S STREETS CONTINUED ON SCHEDULE O THE BTA PARTNERS WITH PUBLIC AGENCIES, NONPROFITS, PUBLIC HEALTH PROFESSIONALS, AND BUSINESS COMMUNITIES THROUGHOUT OREGON TO BUILD HIGH-LEVEL SUPPORT FOR INCREASING FUNDING FOR ACTIVE TRANSPORTATION INITIATIVES THE BTA ADVOCATES AT THE STATE LEGISLATURE FOR LAWS THAT PROTECT SAFETY OF ALL ROADWAY USERS, EXPAND DRIVER AND BICYCLIST EDUCATION, INSTITUTE POLICIES THAT FACILITATE WALKING AND BIKING TO SCHOOL, AND INCREASE FUNDING FOR ACTIVE TRANSPORTATION AT THE REGIONAL LEVEL, THE BTA WORKS TO INTEGRATE ACTIVE TRANSPORTATION POLICIES IN TO REGIONAL TRANSPORTATION PLANNING, DEVELOP HIGH-QUALITY PLANNING GUIDELINES, AND GROW THE BICYCLE TRAIL NETWORK CONNECTING URBAN AND NATURAL AREAS AT THE NATIONAL LEVEL. THE BTA LOBBIES OREGON SENATORS AND REPRESENTATIVES IN CONGRESS TO PASS FEDERAL LEGISLATION

THAT SUPPORTS FUNDING FOR ACTIVE TRANSPORTATION AND SAFE ROUTES TO SCHOOL PROGRAMS

) (Expenses \$

THE BTA COORDINATES THE STATEWIDE BIKE MORE CHALLENGE, AN ANNUAL COMPETITION AMONG WORKPLACES TO SEE WHICH BUSINESSES CAN GET THE LARGEST NUMBER OF EMPLOYEES BICYCLING TO WORK DURING THE MONTH OF MAY THE BTA TEACHES BIKE COMMUTE WORKSHOPS AT WORKPLACES THROUGHOUT THE PORTLAND METRO AREA AT THE ANNUAL ALICE AWARDS AND AUCTION, THE BTA RECOGNIZES INDIVIDUALS, BUSINESSES, AGENCIES AND ELECTED OFFICIALS WHO HAVE MADE A SIGNIFICANT CONTRIBUTION TO BICYCLING IN THEIR COMMUNITY. THE EVENT IS ALSO A FUNDRAISER, PROVIDING APPROXIMATELY 5% OF THE BTA'S BUDGET. SEE SCH O THE BTA PROMOTES BICYCLING YEAR-ROUND THROUGH EVENTS SUCH AS BTA'S NEW YEAR'S RIDE. LIVE THE REVOLUTION AND NEIGHBORHOOD RIDES THE BTA PROVIDES A VARIETY OF VOLUNTEER OPPORTUNITIES AND WAYS TO GET INVOLVED BTA VOLUNTEERS HELP COORDINATE RIDES AND EVENTS, ASSIST OUR BIKE SAFETY EDUCATION INSTRUCTORS, PROVIDE IN-OFFICE SUPPORT FOR STAFF, AND MORE THE BTA COMMUNICATES ABOUT OUR ADVOCACY, ENCOURAGEMENT, AND VOLUNTEER PROGRAMS THROUGH OUR WEBSITE, E-NEWSLETTER, AND COMMUNITY OUTREACH **EVENTS** 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

158,545 including grants of \$

ENCOURAGEMENT THE BTA ENGAGES MEMBERS AND THE COMMUNITY IN OUR ADVOCACY, EDUCATION, AND VOLUNTEER PROGRAMS THROUGHOUT THE YEAR

Total program service expenses ▶ 841,906 Form 990 (2015)

Form	990 (2015)			Page 3
Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	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		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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 (see instructions)	17		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part

30

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Yes

Form 990 (2015)

	Chaaldiatas	Doguinad	Cahadulaa	(continued)
r TA	Checklist of	Kequirea	Schedules	(continuea)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

21	Did the organization report more than $\$5,000$ of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance					_
		Check if Schedule O contains a response or note to any line in this	Part	v	• •	 Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	18		1 62	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to					
		g (gambling) winnings to prize winners?			1 c		
2 a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered s return	2a	37			
b		east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	•	<i>'</i>			
		e organization have unrelated business gross income of \$1,000 or more during	,	<i>'</i>	3a 3b		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i> y time during the calendar year, did the organization have an interest in, or a si			30		
	over,	a financial account in a foreign country (such as a bank account, securities acc			_		
		nt)?			4a		No
D		s," enter the name of the foreign country ▶	, and	Eurangial A goounts			
	(FBAR		Callu	i illaliciai Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd ar	ly taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
_					5c		
6a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		Νo
b	-	, s," did the organization include with every solicitation an express statement th					
_		not tax deductible?			6 b		
	_	izations that may receive deductible contributions under section 170(c).		dd			NI -
а		e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?		a partiy for goods and	7a		Νo
b	If"Ye	s," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper		which it was required to	7-		No
А		rm 8282?	7d		7 c		INO
u	11 10	s, maleute the number of forms 6262 med during the year	, u				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
		organization received a contribution of qualified intellectual property, did the o					
	requir				7 g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, dıd	the organization file a	7h		
8	•	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess but the year?	sines:	s noidings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9 b		
LO	Section	on 501(c)(7) organizations. Enter					
а	Initiat	cion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10 b				
l1		on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	441				
	agains	st amounts due or received from them)...........[11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If"Ye year	s," enter the amount of tax-exempt interest received or accrued during the	12 b				
L3		on 501(c)(29) qualified nonprofit health insurance issuers.	-				
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	see the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states			a		
	in whi	ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13 c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tıon ır	Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" describe the circumstances, processes, or changes in Schedule O. S	,	, ,	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management cor	•		3		No
	Did the examination make any configuration to be accompanied to the accompanied configuration.	the prior Fee	000			

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization have members or stockholders? . .

b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No

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

Yes No. Did the organization have local chapters, branches, or affiliates?

104	Did the organization have local enapters, brahenes, or anniates	100		110
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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b	Yes	

Section C. Disclosure

year by the following

a The governing body?

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

☐ O wn website ☐ A nother's website ☐ Upon request ☐ O ther (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year
 State the name, address, and telephone number of the person who possesses the organization's books and records
 ▶GREG SUTLIFF 618 NW GLISAN SUITE 401 PORTLAND, OR 97209 (503) 226-0676

Νo

16a

16b

4

5

6

7a

Yes

Yes

Νo

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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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle	ore t ss pe	han erso cer tor/t	not one n is and		an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	М15С)	organization and related organizations
(1) JUSTIN YUEN	4 00	,		,,						
CHAIR		×		X				0	0	0
(2) DAVID FORMAN SECRETARY	2 00	х		×				0	0	0
(3) SUSAN MARKS	3 00									
TREASURER	•••••	X		X				0	0	0
(4) RANDY MILLER VICE CHAIR	2 00	x		x				0	0	0
(5) LESLIE CARLSON VICE CHAIR	2 00	x		×				0	0	0
(6) CHRIS ACHTERMAN DIRECTOR	1 00	x						0	0	0
(7) VAL HOYLE DIRECTOR	1 00	х						0	0	0
(8) ADNAN KADIR DIRECTOR	1 00	х						0	0	0
(9) NICK EHLEN DIRECTOR	1 00	x						0	0	0
(10) JUDE GERACE DIRECTOR	1 00	х						0	0	0
(11) BEN MCKINLEY DIRECTOR	1 00	x						0	0	0
(12) HAU HAGEDORN DIRECTOR	1 00	x						0	0	0
(13) PETER KOONCE DIRECTOR	1 00	x						0	0	0
(14) DIANE GOODWIN	1 00	х						0	0	0

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estil amo ot compe	mated unt of ther ensation n the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	and r	ization elated izations
(15) STEPHEN GOMEZ	1 00	Х						0		0	0
DIRECTOR		^								9	
(16) ROBERT SADOWSKY EXECUTIVE DIRECTOR	40 00			х				95,174		0	7,815
(17) ANGELA SABIN	40 00										
FINANCE DIRECTOR				Х				21,220		0	1,826
(18) STEPHANIE NOLL	32 00			Х				47,208		0	3,897
DEPUTY DIRECTOR								,			
(19) ANNE LEE DIRECTOR OF OPERATIONS	32 00			х				28,959		o	3,970
DIRECTOR OF OPERATIONS											
1b Sub-Total	 I, Section A .		•	•						1	
d Total (add lines 1b and 1c)	<u></u>			▶			1	92,561	0		17,508
Total number of individuals (including but r \$100,000 of reportable compensation from			ed a	bove	e) w	ho red	ceiv	ed more than			
										Yes	No

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 0

Form 99								Page 9
Part V	***	Statement o						_
		Check If Schedu	ile O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a	17,922				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b	171,244				
Ę, G	c	Fundraising eve	ents 1 c	58,944				
iffs ar A	d	Related organiz	ations 1d					
m.G	e	Government grants	(contributions) 1e	541,204				
ion Sis	f		ons, gifts, grants, and 1f	235,293				
but the	_	similar amounts no	t included above ons included in lines					
a do di	g	1a-1f \$	ons meladed in intes	20,778				
Cont	h	Total. Add lines	: 1a-1f	· · · · •	1,024,607			
<u>.</u>				Business Code				
¥.	2a	PROGRAM FEES		900099	86,140	86,140		
ı, α <u>ş</u>	b c							
٤	d							
ž			_					
Program Service Revenue	f	A II other progra	m service revenue					
Ę.	g	Total. Add lines	:2a-2f	•	86,140			
	3	Investment inc	ome (including dividen	ds, interest,	2,007			2,007
	4		ar amounts) tment of tax-exempt bond		2,007			2,007
	5	Royalties		. ▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d		s)					
Other Revenue	Od	Ψ	luding 944 reported on line 1c)					
Jer			a	11,285				
Ö	b c		penses b loss) from fundraising	22,332	-11,047			-11,047
			rom gaming activities	events p	11,0 11			
	b c		penses b loss) from gaming acti	vities				
	10a	Gross sales of						
		returns and allo	wances . a	20,522				
	ь	Less cost of go		22,148				
	С		loss) from sales of inve		-1,626	-1,626		
		Miscellaneous	Revenue	Business Code				
	11a	LICENSE PLAT	E PROCEEDS	900099	11,984	11,984		
	Ь							
	c d	All other revenu						
	e	Total. Add lines		•	44.00:			
	12	Total revenue.	See Instructions .		11,984			
					1,112,065	96,498	0	-9,040

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	·	expenses	general expenses	expenses
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	203,522	102,325	86,725	14,472
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salaries and wages	548,151	398,582	13,770	135,799
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,590	9,368	22,7.12	3,222
9	Other employee benefits	69,101	46,279	8,183	14,639
10	Payroll taxes	,	,	,	·
	·	68,763	47,760	8,079	12,924
11	Fees for services (non-employees)				
а	Management	28,770	28,005	15	750
b	Legal	2,764	2,219	220	325
c	Accounting	11,104		11,104	
d	Lobbying	15,000	15,000		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,169	10,735	5,174	3,260
12	Advertising and promotion	17,505	6,879	459	10,167
13	Office expenses	29,583	19,980	3,694	5,909
14	Information technology	43,079	16,951	26,009	119
15	Royalties				
16	Occupancy	49,826	32,964	7,083	9,779
17	Travel	20,361	13,732	4,559	2,070
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,311	3,937	1,595	779
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,524	6,360	1,277	1,887
23	Insurance	6,862	4,583	920	1,359
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 O)				
а	FACILITY AND EQUIPMENT	47,203	47,203		
b	PROGRAM SUPPLIES	30,971	26,118		4,853
c	MISCELLANEOUS	14,124	2,926	6,865	4,333
d					
e	A II other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,254,283	841,906	185,731	226,646
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	tΧ	Balance Sheet					1 age 11	
гаг	· A	Check if Schedule O contains a response or note to any line	e in this Part	х				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			281,411	1	166,344	
	2	Savings and temporary cash investments			187,745	2	191,720	
	3	Pledges and grants receivable, net			63,600	3	16,150	
	4	Accounts receivable, net			29,709	4	34,213	
	5	Loans and other receivables from current and former offic					<u> </u>	
		key employees, and highest compensated employees Co Schedule L	mplete Part	II of		5		
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(f) employers and sponsoring organizations of section 501(f) employees' beneficiary organizations (see instructions) Constitutions (see instructions) C	c)(3)(B), and c)(9) voluntar	contributing y		_		
SS (_	Notes and leave measurable mat				6 7		
V	7	Notes and loans receivable, net			40.072	-	4.404	
	8	Inventories for sale or use			10,873	8	4,491	
	9	Prepaid expenses and deferred charges		• •	6,946	9	25,178	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	149,016				
	Ь	Less accumulated depreciation	10b	124,328	24.982	10c	24,688	
	11	Investments—publicly traded securities		,	11	<u> </u>		
	12	Investments—other securities See Part IV, line 11 .			12			
	13	Investments—program-related See Part IV, line 11 .			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11				15		
	16	Total assets.Add lines 1 through 15 (must equal line 34)			605,266	16	462,784	
	17	Accounts payable and accrued expenses			94,788	17	78,990	
	18	Grants payable			3 1,100	18		
	19	• •		19	15,534			
	20	Tax-exempt bond liabilities	Deferred revenue					
	21	Escrow or custodial account liability Complete Part IV o			20 21			
Ş	22	Loans and other payables to current and former officers, of			21			
bilities	22	key employees, highest compensated employees, and dis		stees,				
<u>.</u>		persons Complete Part II of Schedule L				22		
<u>.e</u>	23	Secured mortgages and notes payable to unrelated third	parties .			23		
_	24	Unsecured notes and loans payable to unrelated third par				24	_	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D						
				•		25		
	26	Total liabilities.Add lines 17 through 25			94,788	26	94,524	
Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re ▶ 🔽 and	complete				
ılar	27	Unrestricted net assets			397,802	27	329,610	
ထိ	28	Temporarily restricted net assets			112,676	28	38,650	
Ē	29	Permanently restricted net assets				29		
Fu		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here >	and				
ō		complete lines 30 through 34.		•				
ets	30	Capital stock or trust principal, or current funds				30		
1881	31	Paid-in or capital surplus, or land, building or equipment f	und			31		
ñ	32	Retained earnings, endowment, accumulated income, or o	ther funds			32		
Net	33	Total net assets or fund balances			510,478	33	368,260	
	34	Total liabilities and net assets/fund balances			605,266	34	462,784	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Schedule O

Separate basis

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	0

Par	t XII Financial Statements and Reporting		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	368,260
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
8	Prior period adjustments	8	
7	Investment expenses	7	
6	Donated services and use of facilities	6	

Cash ✓ Accrual Cother

Both consolidated and separate basis

Yes

Yes

2a

2b

No

Νo

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1,112,065

1,254,283

-142,218

510,478

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DLN: 93493121016707 OMB No 1545-0047

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.

Open to Public Inspection

Treasury
Internal Revenue Service
Name of the organi

Department of the

SCHEDULE A

(Form 990 or

990EZ)

zation Employer identification number BICYCLE TRANSPORTATION ALLIANCE 93-1057956

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.

integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see document? (described on lines (see instructions) instructions) 1-9 above (see instructions)) Yes No Total

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally

supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

(see instructions) You must complete Part IV, Sections A and D, and Part V.

Schedule A (Form 990 or 990-EZ) 2015 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.)

	ection A. Public Support							
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	015	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do	1,034,951	1,079,900	1,075,775	1,093,868		1,024,607	5,309,101
_	not include any unusual grants)							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	1,034,951	1,079,900	1,075,775	1,093,868		1,024,607	5,309,101
5	The portion of total contributions	2/22 1/22		2,2,2,1,1	2,222,223			-,,
•	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							5,309,101
	from line 4						L	3,309,101
<u>S</u>	ection B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2	015	(f)Total
(or 7	fiscal year beginning in) ► A mounts from line 4	1,034,951	1,079,900	1,075,775	1,093,868		1,024,607	5,309,101
8	Gross income from interest,	1,031,331	1,073,300	1,073,773	1,033,000		1,02 1,007	3,303,101
J	dividends, payments received on	617	620	626	706		2 007	4.676
	securities loans, rents, royalties	617	630	636	786		2,007	4,676
	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							
11	VI) Total support. Add lines 7							
	through 10							5,313,777
12	Gross receipts from related activity	ties, etc (see ins	tructions)			12		459,277
13	First five years. If the Form 990 is	for the organizat	ion's first, second	, thırd, fourth, or fı	fth tax year as a	section	501(c)(3)	organization,
	check this box and stop here						.▶ ┌	
S	ection C. Computation of Pu	ıblic Support I	Percentage					
14	Public support percentage for 201	.5 (line 6, column	(f) divided by line	11, column (f))		14		99 910 %
15	Public support percentage for 201	.4 Schedule A, Pa	irt II, line 14			15		99 940 %
16a	33 1/3% support test—2015. If the	e organization did	not check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	nis box
	and stop here. The organization qu							▶ 🗸
b	33 1/3% support test—2014. If the	e organızatıon dıd	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or	more, ch	eck this
	box and stop here. The organization							▶
17a	10%-facts-and-circumstances tes	5				•		
	is 10% or more, and if the organiz in Part VI how the organization me							rted
		eets the lacts-ar	iu-circuiiistances	test The organiz	zation quannes as	за ривні	.iy suppoi	► [
b	organization 10%-facts-and-circumstances tes	t—2014.If the ora	anization did not c	heck a box on line	e 13. 16a. 16b. o	r 17a. a	nd line	
-	15 is 10% or more, and if the orga							
	Explain in Part VI how the organiz	ation meets the "	facts-and-circums	stances" test The	e organization qua	alıfıes as	a public!	у
	supported organization							▶ □
18	Private foundation. If the organiza	ition did not checl	k a box on line 13,	16a, 16b, 17a, o	r 17b, check this	box and	see	. —
	instructions							▶□

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
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	1		
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)	2		<u> </u>
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
D	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	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			ı
	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	4a		
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	4b		
	by or in connection with its supported organizations			
С	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	4 c		
	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)	5a		
h	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
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 .	6		
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)	7		
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 II of Schedule L (Form 990)	8		
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 .	9a		
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 .	9 b		
С	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 .	9 c		
0a	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	10a		
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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	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		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection 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		
S	ection C. Type II Supporting Organizations			
			Yes	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 the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		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		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 See inst i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	
	Section 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		
	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	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		
	Section 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-functionally-instructions)	integrat	ed Type III supporting c	organization (see

	arter Type III Non-Functionally Integra	ateu 309(a)(3) Suppoi	ting Organizations (co	Jiitiiiueu)
Se	ection D - Distributions			Current Year
1	A mounts paid to supported organizations to accom			
2	A mounts paid to perform activity that directly furthe excess of income from activity			
3	Administrative expenses paid to accomplish exemp			
4	A mounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval rec	quired)		
6	Other distributions (describe in Part VI) See instru	uctions		
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9	Distributable amount for 2015 from Section C, line	6		
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
C	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7			
<u>a</u>				
b				
c	Excess from 2013			
d	From 2014			
е	From 2015			

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047 Open to Public Inspection

www.irs.gov/form990. Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number BICYCLE TRANSPORTATION ALLIANCE 93-1057956 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter-0-

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

	under section 501(h)).
Check >	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN

4	Check	•	Γ	- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN
				expenses, and share of excess lobbying expenditures)

Limits on Lob (The term "expenditures"	(a) Filing organization's totals	(b) Affiliated group totals	
Total lobbying expenditures to influence public lobbying)	c opinion (grass roots	21,341	
Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
$oldsymbol{c}$ Total lobbying expenditures (add lines 1a and	1b)	21,341	
d Other exempt purpose expenditures		1,006,296	
f e Total exempt purpose expenditures (add lines	1c and 1d)	1,027,637	
f Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	177,764	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		

h	Subtract line 1g from line 1a If zero or less, enter -0-				o							
i	Subtract line 1f from line 1c If zero or less, enter -0-		0									
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?											
1			Γ	Yes ∏ No								
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period											
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) Total						
2a	Lobbying nontaxable amount	150,693	160,934	184,927	177,764	674,318						
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,011,477						

j	If there is an amount other than zero on either line 1h reporting section 4911 tax for this year?	Form 4720 Yes ∏ No								
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)										
	Lobbying Expend	itures During 4	1-Year Avera	ging Period						
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount	150,693	160,934	184,927	177,764	674,318				
b 	Lobbying ceiling amount (150% of line 2a, column(e))					1,011,477				

2a	Lobbying nontaxable amount	150,693	1 60,934	184,927	1 77,764	674,318
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,011,477
с	Total lobbying expenditures	10,633	3,859	28,293	21,341	64,126
d	Grassroots nontaxable amount	37,673	40,234	46,232	44,441	168,580
e	Grassroots ceiling amount (150% of line 2d, column (e))					252,870
f	Grassroots lobbying expenditures	10,633	3,859	·	21,341 lule C (Form 990	64,126 or 990-EZ) 2015

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	NOT				
		(a)		(b)	
ctiv	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity	Yes	No	l	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	165				
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
c d						
u e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			+		
f	la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			+		
q	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
y h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		+			
i	Other activities?					
j	Total Add lines 1c through 1i					
ر 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-		
b	If "Yes," enter the amount of any tax incurred under section 4912			+		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-		
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	501/0	1(5).	Or S	ectio	n
	501(c)(6).		.,(=,,	<u> </u>		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section ! 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
	Total	2c				
С -	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
3						
с 3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	4				
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	4 5				

Explanation

SCHEDULE D (Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493121016707

Inspection

	me of the organization YCLE TRANSPORTATION ALLIANCE			Emplo	yer identification number
DIC	TOLE TRANSPORTATION ALLIANCE			93-10	57956
Pa	Organizations Maintaining Donor Complete if the organization answer			ınds o	r Accounts.
		(a) Donor advised funds	,	(b) F	unds 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 a funds are the organization's property, subject to			or advise	ed Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				purpose Yes No
Pa	rt III Conservation Easements. Comple	ete if the organization ar	nswered "Yes" o	n Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all th	at apply)		
	Preservation of land for public use (e g , recreducation)		Preservation of ar	n historio	cally important land area
	Protection of natural habitat	Г	Preservation of a	certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservatio	n contribution in th	he form o	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			2b	
c	Number of conservation easements on a certified			2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired aπer 8/1//06, a	nd not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguis	shed, or terminate	d by the	organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is locate	ed ▶		
5	Does the organization have a written policy regard violations, and enforcement of the conservation of	5 .	g, inspection, hand	ling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of viola	itions, and enforci	ng conse	ervation easements during the
	>				
7	A mount of expenses incurred in monitoring, insperse.	ecting, handling of violations	s, and enforcing co	nservat	ion easements during the year
8	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the re	quirements of sec	tion 170	Yes No
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the organ			•
ar	t III Organizations Maintaining Collectory Complete if the organization answer			or Othe	er Similar Assets.
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to	report in its reven		

- (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

Assets included in Form 990, Part X

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

service, provide the following amounts relating to these items

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	storic	al Tre	easures, or	Othe	r Similar A	sse	ts	
3		g the organization's acquisition, accetion items (check all that apply)	ession, and other rec	cords, ch	neck a	ny of th	e following that	are a	sıgnıfıcant us	e of	ıts	
а		Public exhibition		d	Г	Loan o	r exchange pro	grams				
b		Scholarly research		e	Г	Other						
c		Preservation for future generations										
4	Provi Part)	de a description of the organization's KIII	s collections and ex	plain ho	w they	further	the organizatio	n's ex	empt purpose	ın		
5	asset	g the year, did the organization solid is to be sold to raise funds rather th							ılar Ye s	s	☐ No	1
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990,	Part IV	, line 9, or re	porte	d an amour	nt or	n Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary	for co	ntrıbutı	ons or other as	sets n	ot Tye s	s	┌ No	,
b	If'	'Yes," explain the arrangement in Pa	art XIII and complet	e the fol	llowing	table			Am	ount	:	
c	Be	ginning balance					10	: 🗀				
d	A d	ditions during the year					10	ı .				
e	Dis	stributions during the year					16	•				
f	Ene	ding balance					11	F				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for es	crow or	custodial acco	unt lıa	bility? Ye s	s	∏ No	,
b	If"Ye	es," explain the arrangement in Part	YIII Check here if	the eval	anatio	n has he	een provided in	Dart \	(111			
Pa	rt V	Endowment Funds. Comple									• •	
			(a)Current year		or year		c) Two years back	i 	ree years back		Four ye	ars back
1a	Begir	nning of year balance										
b	Cont •	ributions • • • • • • •										
c	Net i losse	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
е		r expenditures for facilities programs										
f	A d m	inistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the	current vear end bal	ance (Iır	ne 1 a.	column	(a)) held as	l				
a		d designated or quasi-endowment >	,	`	5,		· //					
b		anent endowment >										
c	Temp	orarily restricted endowment >										
_	•	percentages on lines 2a, 2b, and 2c	•									
3а	organ	here endowment funds not in the pos nization by	-				and administere	ed for t			Yes	No
		irelated organizations							<u> </u>	i(i) i(ii)		
b		elated organizations es" on 3a(ii), are the related organiza							<u> </u>	3b		
4		ribe in Part XIII the intended uses of										
Pai	rt VI	Land, Buildings, and Equip										
		Complete if the organization a	nswered 'Yes' to	Form 9				Form				
		Description of property		C	ost or c	a) ther basi tment)	s Cost or other b (other)	oasıs	Accumulated (c) depreciation		(d)Boo	ok value
1a	Land											
b	Buildin	gs		[
c	Leaseh	nold improvements										
d	Equipn	nent		· L			149	,016	124,3	328		24,688
e	Other			[1					

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

24,688

Part VII Investments—Other Securities. (See Form 990, Part X, line 12.	-		
(a) Description of security or categor (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market val
1)Financial derivatives			Cost of end-of-year market var
2)Closely-held equity interests			
3) O ther			
Act (Column (k) much agual Form 2000 Book V and (B) line 12	▶		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.			
Complete if the organization answer	ed 'Yes' on Form 990	Part IV, line 11c. _S	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
			Cost of the of year market var
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b	over 000 Port IV line	11d Coo Form OOO Port V June 15
Part IX Other Assets. Complete if the organiza		orm 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV , line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Part IX Other Assets. Complete if the organization	ation answered 'Yes' on F	orm 990, Part IV, line	
Cart IX Other Assets. Complete if the organization (a) De	ation answered 'Yes' on F		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (a) De (b) De (b) De (c) De (ation answered 'Yes' on Fescription		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (b) De (b) De (c) De (ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Im Part X Other Liabilities. Complete if the organization of the column (b) Part X, line 25.	ation answered 'Yes' on Fescription		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
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otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (a) De (b) Must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) Decided in the organization (b) Decided in the organization (c) Decided in the	ne 15)		(b) Book value
Other Assets. Complete if the organization (a) De (a) De (a) De (b) Must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value

Schedule D (Form 990) 2015

1	Total revenue, gains, and oth	ner support per audited financial statements	1	1,120,315
2	A mounts included on line 1 b	out not on Form 990, Part VIII, line 12		_
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of	facilities 2b 8,250		
c	Recoveries of prior year gran	nts 2c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d .		2e	8,250
3	Subtract line 2e from line 1		3	1,112,065
4	A mounts included on Form 9	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 12)	5	1,112,065
Part		Expenses per Audited Financial Statements With Expense anization answered 'Yes' on Form 990, Part IV, line 12a.	s per Re	turn.
1		er audited financial statements	1	1,262,533
2	A mounts included on line 1 b	out not on Form 990, Part IX, line 25		
а	Donated services and use of	facılıtıes 2a 8,250		
b	Prior year adjustments .	2b		
c	Other losses			
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d .		2e	8,250
3	Subtract line 2e from line 1		3	1,254,283
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	5	1,254,283
P rov P art		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t		ny additional
IIIIOI		T		
	Return Reference	Explanation		
PART	X, LINE 2	BTA HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNC REQUIRED BY FASB ASC NO 740-10, INCOME TAXES UNDER THIS BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN TAKEN IN THE TAX RETURN ONLY WHEN IT IS DETERMINED THAT	S STANDA I OR EXPE	RD, INCOME TAX CTED TO BE

POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING

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

AUTHORITIES

Schedule D (Form 990) 2015		Page 5	
Part XIII Supplemental Informa	ation (continued)		
Return Reference	Explanation		

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DLN: 93493121016707

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" on 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/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization ICYCLE TRANSPORTATION ALLIANCE	Employer identification nu	mber
	93-1057956	
Fundraising Activities. Complete if the organization answered "Yes" on Form Form 990-EZ filers are not required to complete this part.	990, Part IV, line 17.	
Indicate whether the organization raised funds through any of the following activities Check all the	at apply	
a	ment grants	
b Internet and email solicitations f Solicitation of government	grants	
c Phone solicitations g Special fundraising events		
d In-person solicitations		
Did the organization have a written or oral agreement with any individual (including officers, direction key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?		
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements und to be compensated at least \$5,000 by the organization	der which the fundraiser is	
ındıvıdual fundraiser have from activity (or ret custody or fundraiser)	ount paid to (vi) A mount ained by) (or retain organization)	ed by)
Yes No		
otal •		
List all states in which the organization is registered or licensed to solicit contributions or has been registration or licensing	notified it is exempt from	

Part II	Fundraising	Events

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

	receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		BIKE MORECHALLENGE	LIVE THE REVOLUTION	5 (total number)	(add col (a) through col (c))
		(event type)	(event type)		
Revenue	1 Gross receipts	34,854	18,635	16,740	70,229
~	2 Less Contributions	34,854	13,111	10,979	58,944
	Gross income (line 1 minus line 2)		5,524	5,761	11,285
	4 Cash prizes				
	5 Noncash prizes	3,170	5,312		8,482
S e	6 Rent/facility costs	2,253	1,350	248	3,851
Expenses	7 Food and beverages	5,858	1,629	2,512	9,999
찣	8 Entertainment				
Direct	9 Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d)		22,332
	11 Net income summary Subtract line 1	0 from line 3, column (c	1)	•	-11,047
Ра	Complete If the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	├ Yes%	├ Yes <u> </u>	│ Yes	
	7 Direct expense summary Add lines 2	through 5 in column (c	I)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)	•	
9 a	Enter the state(s) in which the organizat				Yes No
b	If "No," explain	-			
LOa	Were any of the organization's gaming li		nded or terminated during	the tax year?	T Yes T No
Ь	If "Yes," explain				

		OMB No 1545-0047
SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	
(Form 990 or 990-EZ) Department of the Treasury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at	2015 Open to Public Inspection
Internal Revenue	www.irs.gov/form990.	
Service		
Name of the organizat		ification number
	93-1057956	
990 Schedule O, Return Reference	Supplemental Information Explanation	
FORM 990, PART VI. SECTION A.	THE BICY CLE TRANSPORTATION ALLIANCE IS GOVERNED BY A VOLUNTEER BOARD OF DIRECT OUR MEMBERS EACH SEPTEMBER. THE BOARD ESTABLISHES AND MONITORS MAJOR POLICY D	•

THE FINANCES AND HELPS SECURE RESOURCES FOR THE ORGANIZATION, AND WORKS IN COOPERATION WITH THE

FINANCE COMMITTEE REVIEWS DRAFT AND RECOMMENDS APPROVAL BY BOARD WHICH APPROVES 990

DLN: 93493121016707

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STAFF TO FULFILL THE GOALS OF THE BTA

LINE 7A

FORM 990, PART

VI, SECTION B, LINE 11

990 Schedule O, Supplemental Information Return Reference Explanation

SECTION B, LINE 12C	INTEREST ARE ADDRESSED AT MEETINGS OF THE BOARD AND DISCLOSED IF APPROPRIATE
FORM 990 PART VI	BOARD REVIEWED SALARY SURVEY FOR EXECUTIVE DIRECTOR TO DETERMINE COMPENSATION

FURINI 330, FARTI VI,

SECTION B. LINE 15

990 Schedule O, Supplemental Information Return Reference Explanation

FINIA NICIA I, STA TEMENTS A RE A VA II A RI E THROLIGH THE ORGA NIZATION'S WERSITE A NINI IA I, REPORTS

SECTION C, LINE 19	CONFLICT OF INTEREST POLICY AND OTHER SPECIFIC DOCUMENTS ARE AVAILABLE THROUGH THE FINANCE OFFICE

EORMIGGO PARTIVI

990 PART XII. LINE 2C THE PROCESS FOR OVERSEFING THE AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT

CHANGED FROM THE PRIOR YEAR