Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2021 calendar year, or tax year beginning

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2021, and ending

Open to Public Inspection

, 20

D Employer identification number

	Addre	ess change	East Bay Bicycle			94-2	94-2585652					
	Name	change	DBA Bike East Bay	У		E Telepho	ne numbe	r				
	Initial	return	PO Box 1736	4		510·	-845-	7433				
	Final re	eturn/terminated	Oakland, CA 9460	4								
	Amen	nded return				G Gross re	eceipts \$	1,397,	357.			
	Applic	cation pending	F Name and address of principal	officer: Ginger Jui		H(a) Is this a group return			X No			
			Same As C Above			H(b) Are all subordinates If "No," attach a list.	included?	uctions. Yes	No			
I		mpt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527							
J	Websi		keEastBay.org		1	H(c) Group exemption nu						
K		organization:	X Corporation Trust	Association Other ►	L Year of formation	on: 1986 M s	tate of leg	gal domicile: CA				
Pa	rt I	Summar	у									
				on or most significant activities:								
ce				<u>, sustainable commun</u>	ities by	making bicyc	:ling	saie, iu	<u>n</u>			
nan	<u>a</u>	<u>na acce</u>	<u>ssible</u>	. – – – – – – – – – – – – – – – – – – –								
Activities & Governance	2 Ch	neck this bo	ox ► lif the organization	n discontinued its operations or o	isposed of mo	ere than 25% of its	net asso	 ets				
Go				ning body (Part VI, line 1a)			3		14			
sæ				s of the governing body (Part VI,	•		4		14			
itie				calendar year 2021 (Part V, line			5		40			
ctiv				necessary) Part VIII, column (C), line 12			6 7a		70			
A				from Form 990-T, Part I, line 11.			7a 7b		0.			
_	5 140	or armorator	T DUSTITION TO THE OTHER TO THE	7, 1 4, 11, 11, 11, 11, 11, 11, 11, 11, 1		Prior Year		Current Ye				
	8 Co	ontributions	and grants (Part VIII, line	1h)			19.	1,382,				
nue	9 Pr	ogram serv	rice revenue (Part VIII, line	2g)		4,1	07.		,973.			
Revenue				s), lines 3, 4, and 7d)			1.		1.			
Œ				es 5, 6d, 8c, 9c, 10c, and 11e).			266.		,516.			
				(must equal Part VIII, column (A			93.	1,393,	430.			
			· ·	X, column (A), lines 1-3)								
				(, column (A), line 4)								
es	15 Sa			benefits (Part IX, column (A), li			85.	/45,	,854.			
Expenses	16a Pr			olumn (A), line 11e)			_					
ĭxb	b 10		sing expenses (Part IX, col		86,440.							
_	17 01	•		nes 11a-11d, 11f-24e)					,694.			
				equal Part IX, column (A), line 25				1,009,				
. 0		evenue less	expenses. Subtract line 13	8 from line 12					882.			
ts or inces	20 To	ntal accets	(Part X line 16)			Beginning of Curren		End of Yes				
Assets I Balanc	21 To								475.			
Net / Fund	22 Ne			ne 21 from line 20		509,7		•	,617.			
		Signatur		10 21 Holli lille 20		509,1	33.	093,	017.			
				rn, including accompanying schedules and s	statements, and to t	he hest of my knowledge	and helief	it is true correct	and			
comp	olete. Decla	aration of prepa	rer (other than officer) is based on a	all information of which preparer has any kn	owledge.	g-		,				
		—										
Sig	jn 💮	Signatu	re of officer			Date						
He	re	<u>Jil</u>	l Holloway			Operations	Dire	ctor				
		Type or	print name and title	<u> </u>	To .							
		, ,	oreparer's name	Preparer's signa	11/07	/2022 Check	」 "	TIN				
Pai			Gorrindo		11/07	/2022 self-employe	ed P	01658413				
	eparer e Only	Firm's name	oroppi a mame				L 37 /7					
US	e Only	Firm's addre	<u> </u>			Firm's EIN	,	N 00E 0E0				
Mai	, the IDC	2 discourse #h	<u> </u>	94612		Phone no.	(510)					
ivia	, the IRS	ว นเรียนธรร โท	is return with the preparer	shown above? See instructions.				X Yes	No			

Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).					
	ions required to file an income tax return other th			os, RE	MICs, and	trusts must		
use Form /	1004 to request an extension of time to file income Name of exempt organization or other filer, see instructions.	e tax returns	S.	Taxpa	yer identificati	on number (TIN)		
Type or	Foot Day Digwala Coolition							
print	East Bay Bicycle Coalition DBA Bike East Bay			94-2585652				
File by the	Number, street, and room or suite number. If a P.O. box, see instructions.					<u>. </u>		
due date for filing your	PO Box 1736							
return. See	City, town or post office, state, and ZIP code. For a foreign add	dress, see instru	uctions.					
instructions.	Oakland, CA 94604							
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)			01		
Application Return Application						Return		
ls For		Code	Is For		Code			
Form 990 or Form 990-EZ		01	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069	6069				
	(trust other than above)	06	Form 8870			12		
Form 990-T	(corporation)	07						
If the orIf this is check the	ne No. $ ightharpoonup 510-845-7433$ ganization does not have an office or place of but for a Group Return, enter the organization's four his box $ ightharpoonup$. If it is for part of the group, on sion is for.	digit Group	e United States, check this box	this is				
1 reque	est an automatic 6-month extension of time until	11/15	, 20 22 _, to file the exempt organi	zation	return			
	e organization named above. The extension is for	the organiz	zation's return for:					
► <u>X</u>	calendar year 20 <u>21</u> or							
•	tax year beginning, 20	, and endir	ng , 20					
2 If the t	tax year entered in line 1 is for less than 12 mon	ths, check r	eason: Initial return Fi	nal retu	ırn			
	ange in accounting period							
3a If this nonref	application is for Forms 990-PF, 990-T, 4720, or fundable credits. See instructions	6069, enter	the tentative tax, less any	3 a	\$	0.		
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b	\$	0.		
c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ır payment v instructions	with this form, if required, by using	3 с	\$	0.		
Caution: If y payment ins	you are going to make an electronic funds withdrates	awal (direct	debit) with this Form 8868, see Form 8	153-TE	and Form	8879-TE for		

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

Form 8868 (Rev. 1-2022)

Par	t III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	Χ
1		y describe the organization's mission:	
	<u>Eas</u>	t Bay Bicycle Coalition DBA Bike East Bay promotes healthy, sustainable	
	com	munities by making bicycling safe, fun and accessible.	
2	Did th	e organization undertake any significant program services during the year which were not listed on the prior	
	Form	990 or 990-EZ?	0
	If "Yes	s," describe these new services on Schedule O.	
3	Did th	ne organization cease conducting, or make significant changes in how it conducts, any program services?	0
		s," describe these changes on Schedule O.	
4		ribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	2
-	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses evenue, if any, for each program service reported.	,
4 a	(Code	e:) (Expenses \$ 296,136. including grants of \$) (Revenue \$ 2,167)
		2021, Bike East Bay helped 1,480 adults and children learn to ride with safety an	
			<u>u</u> _
		fidence at 93 free bicycle skills classes in Alameda and Contra Costa counties.	
		sses were offered in 13 different cities and covered 15 different topics. Our bik	<u>:e</u> _
		cation classes were made possible with support from the Alameda County	
		nsportation Commission, City of Oakland, Contra Costa Health Services and other	
	<u>fu</u> n	ders.	
4 6	(Code	e:) (Expenses \$ 245,355. including grants of \$) (Revenue \$ 4,806	_
40			<u>.</u>)
		er programs include Biketopia, a celebration of Bike East Bay members and	
		draising party, and educational, volunteer and community events for Bike East	
	<u>Bay</u>	<u>'s 4,000+ members.</u>	
4 c	(Code		_)
	<u>Bi</u> k	<u>e East Bay's advocacy work in 2021 resulted in key wins for people who bike in th</u>	<u>ιe</u> _
	Eas	t Bay. Our grassroots efforts paid off with 58 protected bike lanes built in 15	
	cit	ies throughout Alameda and Contra Costa counties. We also supported 17 local	
		ocacy groups across the region and saw over 564,000 trips across the Richmond-Sar	
		ael, Carquinez, Dumbarton, Benicia-Martinez, and Bay Bridges by people walking ar	
		1-11	. <u>u</u> _
	011	D1Kes.	
4 d	Other	r program services (Describe on Schedule O.) See Schedule O	-
	(Ехре		
4 e		program service expenses ► 751,409.	

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part Il</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a		Х
t	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.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			X
18	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	v	Λ
19	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
	complete Schedule G, Part III	19		X
∠ua	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Λ
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2021) East Bay Bicycle Coalition Part IV Checklist of Required Schedules (continued)

			Yes	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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	
	b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
D A /			ΩΩΩ (0001

Form 990 (2021) East Bay Bicycle Coalition

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

			Yes	No
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 40			
ı	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	a If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	, ,			
Č	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ı	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Find the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
9	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ļ	
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ä	a Gross income from members or shareholders			
ı	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
č	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	16	ļ	v
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?....See.Schedule.Q..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . See. Schedule 0..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records Ginger Jui PO Box 1736 Oakland CA 94604 510-845-7433

Form 990	(2021)	East	Bay	Bicy	cle	Coal	ition

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Page 7

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

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

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See the instructions for the order in which to list the persons above.

Treasurer

(9) Tim Beloney
Board Member

(8) Curtis Buckley

Board Member

Board Member

Board Member

(12) Pam Mei Harrison

Board Member

Board Member

Board Member

(13) Amanda Leahy

(14) Elaine Beale

(10) Christopher Cassidy

(11) Eric Monek Anderson

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (F) Reportable compensation from related organizations (W-2/1099-Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated MISC/1099-NEC) (list any employee hours for organizations related organiza tions l trustee helow dotted (1) Ginger Jui 40 Executive Dir. 0 Χ 98,809 0 8,130. (2) Kirsten Fagnan 1 0 Board Chair Χ Χ 0 0 0. (3) Kristi Marleau 1 Vice Chair 0 Χ Χ 0 0 0. (4) Michael Santero 1 Advocacy Chair 0 Χ Χ 0 0 0. (5) Mimi Torres 1 Fundrsing Chair 0 Χ Χ 0 0. 0. 1 (6) Steven Dunbar Secretary 0 Χ 0. Χ 0 0. (7) Mark Purser 1

BAA TEEA0107L 09/22/21 Form **990** (2021)

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(B)			•	•							
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		Check if Schedule O contains a	response or note to any	y line in this Part V	TIL		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Membership dues	1a 1b 124,249. 1c 71,465. 1d 1e 780,930. 1f 406,296. 1g 25,312.				
Col	h	Total. Add lines 1a-1f		1,382,940.			
			Business Code	1,002,310.			
venu	2 a	Service fees	900099	6,973.	6,973.		
Rei	b						
vice	С						
Sen	d						
'am	e	All other program service revenue.	_				
Program Service Revenue		Total. Add lines 2a-2f		C 072			
<u>а</u> .	3	Investment income (including dividen		6,973.			
	3	other similar amounts)	>	1.			1.
4 Ir		Income from investment of tax-exe	· ·				
	5	Royalties					
	C -	(i) Real	l (ii) Personal				
		Gross rents					
		Rental income or (loss) 6c					
		Net rental income or (loss)	>				
		Gross amount from (i) Securit					
	<i>,</i> a	sales of assets					
	b	other than inventory Less: cost or other basis					
		and sales expenses 7b					
		Gain or (loss)					
		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ $71,465$. of contributions reported on line 1c). See Part IV, line 18	8a 6,138.				
the		Less: direct expenses	8b 3,927.				
Ō		Net income or (loss) from fundrais	irig events ▶	2,211.			2,211.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
		Net income or (loss) from gaming	activities				
	10 a	Gross sales of inventory, less returns and allowances					
			10a 1,305.				
		Less: cost of goods sold	106				
	С	Net income or (loss) from sales of	Business Code	1,305.			1,305.
Miscellaneous Revenue	11 a		Duallicaa Cout				
ZE Z	u b						
ella Vei	11 a b c d						
SC.	d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,393,430.	6,973.	0.	3,517.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	106,938.	42,357.	47,140.	17,441.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	514,704.	418,218.	54,405.	42,081.
-	Pension plan accruals and contributions	314,704.	410,210.	34,403.	42,001.
8	(include section 401(k) and 403(b) employer contributions)	13,968.	11,308.	1,500.	1,160.
9	Other employee benefits	58,505.	47,414.	6,254.	4,837.
10	Payroll taxes	51,739.	38,597.	8,244.	4,898.
11	Fees for services (nonemployees):	31,733.	30,337.	0,244.	4,000.
	a Management				
	b Legal				
	Accounting	16 564		1.6 5.64	
	Lobbying.	16,564.		16,564.	
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ŗ	(A), amount, list line 11g expenses on Schedule 0.)	12,730.	4,631.	4,877.	3,222.
12	Advertising and promotion	37,346.	37,219.	105.	22.
13	Office expenses	29,950.	18,530.	3,702.	7,718.
14	Information technology	7,959.	4,640.	3,319.	·
15	Royalties	·	,	,	
16	Occupancy	23,571.	18,524.	3,166.	1,881.
17	Travel	4,853.	3,802.	1,010.	41.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	.,	,,,,,,,	
19	Conferences, conventions, and meetings	1,505.	400.	705.	400.
20	Interest	1,613.		1,613.	
21	Payments to affiliates	·		,	
22	Depreciation, depletion, and amortization				
23	Insurance	10,876.		10,876.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	,		,, , , ,	
ä	Materials & supplies	81,746.	79,042.	2,109.	595.
	Other	20,845.	12,591.	6,110.	2,144.
	Bad debt	14,136.	14,136.	-,	, = -
	,	,	/		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,009,548.	751,409.	171,699.	86,440.
26		, ,	2=, 2200	=, ===	,

		Check if Schedule O contains a response or note to	any line in this Part X	<u> </u>	<u></u>	<u>.</u>
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		581,731.	1	891,767.
	2	Savings and temporary cash investments		2,509.	2	2,510.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		107,644.	4	146,373.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contributor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section	·		6	
	7	Notes and loans receivable, net			7	
S	8	Inventories for sale or use	L	872.	8	1,820.
Assets	9	Prepaid expenses and deferred charges	-	1,622.	9	1,020.
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,022.		
	h	Less: accumulated depreciation.			10 c	
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11.		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	1,622.
	16	Total assets. Add lines 1 through 15 (must equal line		694,378.	16	1,044,092.
	17	Accounts payable and accrued expenses		36,857.	17	86,475.
	18	Grants payable	L		18	
	19	Deferred revenue			19	64,000.
/۸	20	Tax-exempt bond liabilities	L		20	
Ē.	21	Escrow or custodial account liability. Complete Part I	L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	L.	147,786.	25	
	26	Total liabilities. Add lines 17 through 25		184,643.	26	150,475.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
a	27			504,485.	27	828,617.
Ď	28	Net assets with donor restrictions		5,250.	28	65,000.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
ō	29	Capital stock or trust principal, or current funds		29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	ent fund		30	
SS	31	Retained earnings, endowment, accumulated income,	or other funds		31	
14	32	Total net assets or fund balances		509,735.	32	893,617.
ž	33	Total liabilities and net assets/fund balances		694,378.	33	1,044,092.
RΔ	۸		TEEA0111L 09/22/21			Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI.							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,39	3,4	30.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	1,009,548.				
3	Revenue less expenses. Subtract line 2 from line 1	3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		50	9,7	35.		
5	Net unrealized gains (losses) on investments.	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7		0. 893,617.				
8	Prior period adjustments	8		1,393,430. 1,009,548. 383,882. 509,735. 0. 893,617.				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		893,617.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		89	3,6	<u> 17.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				,	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	a					
	b Were the organization's financial statements audited by an independent accountant?			2b		Χ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					X		
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b				
BAA	TEEA0112L 09/22/21		F	orm	990 (2021)		

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number East Bay Bicycle Coalition DBA Bike East Bay 94-2585652 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **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 (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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.)

Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,047,674.	1,079,351.	1,185,964.	867,719.	1,382,940.	5,563,648.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,047,674.	1,079,351.	1,185,964.	867,719.	1,382,940.	5,563,648.
6	Public support. Subtract line 5 from line 4						5,563,648.
Sec	tion B. Total Support						,
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,047,674.	1,079,351.	1,185,964.	867,719.	1,382,940.	5,563,648.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				1.	1.	2.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						5,563,650.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	210,752.
	First 5 years. If the Form 990 is organization, check this box and			third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage			1 1	
	Public support percentage for 20 Public support percentage from 3						100.00 % 99.98 %
	33-1/3% support test—2021. If t	he organization di	id not check the b	oox on line 13, and	d line 14 is 33-1/3	3% or more, check	this box
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17a	7a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	ind-circumstances est. The organiza	test, check this lation qualifies as a	box and stop here publicly supporte	e. Explain in Part de de organization.	VI how the ►
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

East Bay Bicycle Coalition

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.')						
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						_
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	taxes) from businesses						
11	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
111213	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
11121314	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or 1	fifth tax year as a	section 501(c)(3)	
11 12 13 14 Sec	taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul	stop here blic Support F	Percentage				
11 12 13 14 Sec 15	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20	stop here blic Support F 021 (line 8, colum	Percentage n (f), divided by lii	ne 13, column (f)))	15	%
11 12 13 14 Sec 15 16	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from	stop hereblic Support F 121 (line 8, colum 2020 Schedule A	Percentage n (f), divided by lin , Part III, line 15.	ne 13, column (f)))	15	
11 12 13 14 Sec 15 16 Sec	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pulpublic support percentage from a public support percentage from tion D. Computation of Inventorial public support percentage from the computation of Inventorial	stop hereblic Support F 221 (line 8, colum 2020 Schedule A estment Inco	Percentage n (f), divided by lii , Part III, line 15 me Percentage	ne 13, column (f)))	15 16	80
11 12 13 14 Sec 15 16 Sec 17	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pullic support percentage from a tion D. Computation of Investment income percentage f	blic Support F 221 (line 8, colum 2020 Schedule A estment Incor or 2021 (line 10c	Percentage n (f), divided by lii , Part III, line 15 me Percentage , column (f), divide	ne 13, column (f)	umn (f))	15 16 17	00 00
11 12 13 14 Sec 15 16 Sec 17 18	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pullic support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage for linvestment income percentage f	blic Support F 221 (line 8, colum 2020 Schedule A estment Incol or 2021 (line 10c rom 2020 Schedu	Percentage n (f), divided by lind , Part III, line 15 me Percentage , column (f), divided alle A, Part III, line	ne 13, column (f)	umn (f))	15 16 17 18	00 00
11 12 13 14 Sec: 15 16 Sec: 17 18 19a	taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is organization, check this box and tion C. Computation of Pullic support percentage from a tion D. Computation of Investment income percentage f	blic Support F 221 (line 8, column 2020 Schedule A estment Incor or 2021 (line 10c rom 2020 Schedul the organization of the organization of	Percentage n (f), divided by ling, Part III, line 15. me Percentage , column (f), divided lile A, Part III, line lile did not check the beginner of the phere. The organ lile did not check a book in the lile of the lile o	ne 13, column (f) ed by line 13, col 17 box on line 14, ar ization qualifies a	umn (f))nd line 15 is more as a publicly suppne 19a, and line 1	15 16 17 18 than 33-1/3%, and orted organization 6 is more than 33-1	% % % line 17 ► [] /3%, and

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 by or in connection with its supported organizations.	4b		
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 organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on line 7? If 'Yes,' complete Part I 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) 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.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b 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.)	10b		

Pai	rt IV	Supporting Organizations (continued)				
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No	
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,				
	the g	overning body of a supported organization?	11a			
		nily member of a person described on line 11a above?	11b			
		s controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .	11c			
Sec	tion	B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1	or mo office orgar than were	the governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers	1	Yes	No	
2	Did the that of the benear	the tax year. The organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2			
Sec	tion (C. Type II Supporting Organizations		l l		
				Yes	No	
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Sec	tion l	D. All Type III Supporting Organizations				
1	D:4 H			Yes	No	
<u> </u>	orgar year,	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
	organization a governing documents in effect on the date of notification, to the extent not previously provided:					
2	orgar	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).				
3	voice all tin	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard.	3			
Sec	tion l	E. Type III Functionally Integrated Supporting Organizations				
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
á	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.				
ı	b 🗌 T	The organization is the parent of each of its supported organizations. Complete line 3 below.				
(c 🗌 T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No	
ŧ	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was possive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a			
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b			
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>				
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	За			
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b			

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1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir	n Part VI). See through E.
Sec	tion 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		
Sec	tion 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):			
	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets				
	I Total (add lines 1a, 1b, and 1c)	1d		
	• 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 0.015 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 0.035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3		3		
4	Enter greater of line 2 or line 3.	4		
	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 inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2021 9 Distributable amount for 2021 from Section C, line 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	Section D – Distributions				
1	Amounts paid to supported organizations to accomplish exempt purposes 1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations 3				
4	Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI) 5				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.				

10 Line 8 amount divided by line 9 amount	10		
Section E – Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			
	•		

BAA Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization East Bay Bicycle Coalition DBA Bike East Bay 94-2585652 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

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

East Bay Bicycle Coalition

94-2585652

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$296,505.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$36,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$29,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$2 <u>87,053.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

East Bay Bicycle Coalition

94-2585652

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ś	
		9	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
RΛΛ	TEEA0703L 10/06/21	Schodulo	B (Form 990) (2021

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	Bicycle	Coalit	ion
_			

Employer identification number 94-2585652

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A 					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
(a) No.	(b) Purpose of wift	(a) Has at with		(d) Description of how with in held		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of gif	 t			
	Transferee's name, address, and ZIP + 4			ationship of transferor to transferee		
(a) Na						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gif s, and ZIP + 4	Relationship of transferor to transferee			

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and 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

	xy Tax) (See separate instruc Section 501(c)(4) (5) or (6) o	tions), then rganizations: Complete Part III.			
		icycle Coalition		Employer identific	ation number
	DBA Bike E	ast Bay		94-258565	52
Pai	t I-A Complete if the o	rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the See instructions for definition	organization's direct and indirect political on of 'political campaign activities.'	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures. See instructions		▶ \$	}
3	Volunteer hours for political	campaign activities. See instructions			
Pai	t I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	► ¢	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
ŀ	If 'Yes,' describe in Part IV.				
Pai	t I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3)	•
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities ► \$	5
2		g organization's funds contributed to other			S
3	Total exempt function expendine 17b.	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶¢	5
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all so received that were promptly and directly delal action committee (PAC). If additional spanning	ivered to a separate po	olitical organization, such	ı as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Part II-A Complete if section 501(the organization	is exempt under sec	tion 501(c)(3) and	filed Form 5768 (ele	ection under
	• • • • • • • • • • • • • • • • • • • •	s to an affiliated group (and	list in Part IV each affilia	stad group mambar's nama	
		share of excess lobbying		ned group members name	,
	•	ked box A and 'limited cor	•		
— (The term	Limits on Lobbyi 'expenditures' mean	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pub	olic opinion (grassroots lob	bying)		
b Total lobbying expendit	ures to influence a le	egislative body (direct lobby	ying)		
c Total lobbying expenditor	ures (add lines 1a ar	nd 1b)		0.	0.
	•		ļ	1,010,039.	
e Total exempt purpose e	expenditures (add line	es 1c and 1d)		1,010,039.	0.
		ount from the following tab		176,004.	
If the amount on line 1e, col		The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.	A.500.000		
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess (
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess o	/er \$1,500,000.		
Over \$17,000,000		\$1,000,000. of line 1f)		44.001	
•	,	, enter -0	ļ	44,001.	0.
		enter -0		0.	0.
		line 1h or line 1i, did the orga	,		0.
section 4911 tax for this	s year?			· · · · · · · · · · · · · · · · · · ·	Yes No
(Som	e organizations that	I-Year Averaging Period U made a section 501(h) ele ow. See the separate instr	ection do not have to c		
	Lobby	ring Expenditures During	4-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	185,776	5. 191,886.	148,111.	176,004.	701,777.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,052,666.
c Total lobbying expenditures			15,000.		15,000.
d Grassroots nontaxable amount	46,444	47,972.	37,028.	44,001.	175,445.
e Grassroots ceiling amount (150% of line 2d, column (e))					263,168.
f Grassroots lobbying expenditures			15,000.		15,000.

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

(election under section 501(h)).					
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)		(b)	
of the lobbying activity.	Yes	No	Δ	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		4			
d Mailings to members, legislators, or the public?. e Publications, or published or broadcast statements?.					
f Grants to other organizations for lobbying purposes?					
 i Other activities? j Total. Add lines 1c through 1i. 2 a 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					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	c)(5)	, or			
1 Were substantially all (90% or more) dues received nondeductible by members?				Yes	No
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p				3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part I	, or se II-A, li	ection ine 3,	501(c) is)
1 Dues, assessments and similar amounts from members.		1		,	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year.		2 a			
b Carryover from last year		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			

Part IV | Supplemental Information

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

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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OMB No. 1545-0047

Open to Public Inspection

94-2585652 DBA Bike East Bay **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

94-2585652

Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts greaters.	event contributions	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
			(a) Event #1 Biketopia (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	77,603.			77,603.
∝	2	Less: Contributions	71,465.			71,465.
	3	Gross income (line 1 minus line 2)	6,138.			6,138.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Expe	7	Food and beverages	2,417.			2,417.
irect	8	Entertainment	300.			300.
Ц	9	Other direct expenses	1,210.			1,210.
	10	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fro	• , ,			0/5=:1
Par	11 t III	Gaming. Complete if the organiza	tion answered 'Yes			
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming
Revenue			(a) Bingo	`bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c)
<u></u>	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	Yes%	Yes%	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	>	
	a Is th	er the state(s) in which the organization cone organization licensed to conduct gaming o,' explain:	g activities in each of th			Yes No
		e any of the organization's gaming license es,' explain:		or terminated during th		Yes No

Sch	edule G (Form 990) 2021	94-2585652	Page 3
11	Does the organization conduct gaming activities with nonmembers?	····· Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	. 13a	%
	b An outside facility.		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
	Name ►		
	Address ►		
ļ	a Does the organization have a contract with a third party from whom the organization receives gaming rever		No
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	_
	organization's own exempt activities during the tax year > \$	- L	·
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.		(V);

 BAA
 TEEA3703L
 07/12/21
 Schedule G (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

DBA Bike East Bay

Department of the Treasury Internal Revenue Service Name of the organization East Bay Bicycle Coalition

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-2585652

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) lod of de contribi	etermin	
1	Art — Works of art							
2	Art — Historical treasures					-	-	
3	Art — Fractional interests.					-	-	
4	Books and publications.					-	-	
5	Clothing and household goods					-	-	
6	Cars and other vehicles					-	-	
7	Boats and planes							
8	Intellectual property							
9	Securities – Publicly traded							
10	Securities – Closely held stock							
11	Securities – Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other► (Auction items)	X	118	25,312.	FMV			
26	Other ► ()							
27	Other► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part V, Dones				29			
							Yes	No
30a	a During the year, did the organization receive by contri it must hold for at least three years from the date	of the initial	contribution, and which	ch isn't required to be u	sed			
	for exempt purposes for the entire holding period	<i>(</i>				30 a		X
	f 'Yes,' describe the arrangement in Part II.	412	the state of the s			25		.,
	Does the organization have a gift acceptance poli				ΠS?	31		X
32a	a Does the organization hire or use third parties or	related orgai	nizations to solicit, pro	cess, or sell noncash				3.7

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

b If 'Yes,' describe in Part II.

describe in Part II.

Schedule M (Form 990) 2021

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

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

BAA TEEA4602L 11/4/21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

on 2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

East Bay Bicycle Coalition DBA Bike East Bay

Employer identification number

94-2585652

Form 990, Part III, Line 4d - Other Program Services Description

Bike East Bay coordinated the 27th annual Bike to Wherever Day to raise the visibility of bicycling and encourage more people to choose healthy, active, pedal-powered transportation. On May 20, 2021 1627 people pledged to ride in Alameda and Contra Costa counties. Bike to Work Day was one of Bike East Bay's biggest events but due to the COVID-19 pandemic was reimagined as Bike to Wherever Day to be inclusive and encourage anyone to ride their bike on this day, whether to work or otherwise. This event is made possible through the continued support of the Alameda County Transportation Commission, City of Oakland, City of Berkeley, and many other sponsors.

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

Anyone who donates to the organization is considered a member and is entitled to membership benefits.

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

The East Bay Bicycle Coalition DBA Bike East Bay is governed by a volunteer board of directors elected annually by the membership at the annual meeting. Any member may run for the board of directors. The board is responsible for ensuring the organization's fiscal health, legal compliance and achievement of the mission. Each board member is elected for a three year term.

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

Members also approve any bylaw changes.

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

The form 990 return is reviewed by the Treasurer and staff and reconciled against financial statements before final approval by the Executive Director. This draft is

Schedule O (Form 990) 2021 Page 2

Name of the organization East Bay Bicycle Coalition DBA Bike East Bay

Employer identification number 94-2585652

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

filing the return a copy is distributed to all member of the board of directors.

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

Each director, principal officer and member of a committee with governing board delegated powers must annually sign a statement affirming receipt and compliance with the policy. In addition periodic reviews of compliance are conducted.

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

The compensation package for the Executive Director was reviewed and approved by the Executive Committee of the Board of Directors based upon the review of compensation surveys for Northern California non-profits. The recommendation of the Executive Committee was approved by the full board and the data, deliberations and decision of the board was documented. Those minutes were approved by the full board in a timely manner.

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

The organization's governing documents, policies and financial statements are available upon request.

BAA Schedule O (Form 990) 2021

2021 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 202	21 or fiscal	year beginning (mr	m/dd/yyyy)		, and ending (mm/dd/yyyy)			
Corporation/Or	rganizati	ion name	AST BAY BIC	YCLE COALIT	CION			С	alifornia corporation nu	ımber
Additional info	rmation		BA BIKE EAS	ST BAY					L 233835 EIN	
Additional inio	iiiialioii.	. See ilistructio	115.						94-2585652	
Street address		•						Р	MB no.	
PO BOX	173	6					State	Z	ip code	
OAKLANI	D						CA		4604	
Foreign country	y name						Foreign province/state/county	F	oreign postal code	
B Amended C IRC Secti D Final info	I return from 4947 formation from 4947 formation from 4947 from 49	f(a)(1) trust n return? d	Surrendered (Withdrav	Yes	X No X No Reorganized Ach H (990) X No	not reported to t J If exempt under organization eng See instructions K Is the organization of the second of the	tion have any changes to its g he FTB? See instructions R&TC Section 23701d, has the aged in political activities?	n 23701	yes yes yes yes Yes Yes Yes Yes	X No X No X No X No X No
Part I	Comi	nloto Bort I	unless not requi	red to file this for	m Soo Co		·			
rarti	 		-					1	14	,417.
Receipts and Revenues	2 3 4 5 6	Gross due: Gross confi Total gross This line n Cost of go Cost or oth	s and assessmen tributions, gifts, g s receipts for filin nust be complete ods sold ner basis, and sal	ts from members rants, and similar g requirement test d. If the result is less expenses of as	and affilia amounts i t. Add line ess than \$ ssets sold.	tes	SEE SCH B •	2 3 4	1,382	,940.
	8							8	1,397	,357.
Expenses							•	9	1,013	
							m line 8 ●	10	383	<u>,882.</u>
		Total payn		nation K				11 12		
							ine 11	13		
F::::		,					e 12 •	14		
Filing Fee								15		
				15. Then subtract line				16		0.
Sign Here	Under p				, including ac is based on a Title	companying schedules all information of which	and statements, and to the bes preparer has any knowledge. Date	t of my	Telephone 510-845-743	it is true,
Doid		rer's ►	Felix	rundo		Date 11/07/2	2022 Check if self-	٦ ١ ٩	PTIN 001659413	
Paid Preparer's	signati		V /-	KANEDA CPAS	T.T.D	11/01/2	employed	<u> </u>	01658413 Firm's FEIN	
Use Only	(or you	urs, if	. —	DWAY STE 93				=	1/A	
	and ad	nployed) Idress	OAKLAND,		-			1	Telephone	
									(510) 835- <u>2</u>	727
	May	the FTB di	iscuss this return	with the preparer	shown ab	ove? See instruct	ions	•	X Yes	No

EAST BAY BICYCLE COALITION
Part II Organizations with gross receipts of more than \$50,000 and private foundations

	1	rega	rdless of amount of gross receipts —	complete Part II or furnis	h substitute informati	on.		
		1	Gross sales or receipts from all be	usiness activities. See	nstructions		1	1,305.
		2	Interest				_	1.
		3	Dividends					
Recei	pts	_	Gross rents				_ 	
from Other		4					'	
Source		5	Gross royalties					
		6	Gross amount received from sale					
		7	Other income. Attach schedule Total gross sales or receipts from other so					13,111.
		8		14,417.				
		9	Contributions, gifts, grants, and similar am					
		10	Disbursements to or for members					
		11	Compensation of officers, director	11	106,938.			
_		12	Other salaries and wages				12	514,704.
Exper and	ises	13	Interest				13	1,613.
Disbu	rse-	14	Taxes				14	51,739.
ments	5	15	Rents				15	23,571.
		16	Depreciation and depletion (See i	nstructions)			16	20,0,2,
		17	Other expenses and disbursemen					314,910.
		18	Total expenses and disbursements. Add lir					1,013,475.
Sche	ماريام		Balance Sheet				d of taxable	
		<u> </u>	Balance Sneet	Beginning of			u oi taxable	<u></u>
Asset	-		<u> </u>	(a)	(b)	(c)	•	(d)
					584,240		•	894,277.
_			receivable		107,644	•	•	146,373.
			eivable		872		•	1,820.
			tate government obligations		0/2	•	•	1,020.
			n other bonds				•	
-							•	
			n stock				-	
			18				•	
-			nents. Attach schedule				•	
10 a	Deprecia	ıble a	issets					
			ated depreciation					
							•	
12	Other as	sets.	Attach schedule		1,622	•	•	1,622.
13	Total as	sets			694,378	•		1,044,092.
Liabil	ities a	nd n	et worth					
14	Accounts	s pay	able		36,857		•	86,475.
15	Contribu	tions	, gifts, or grants payable		•		•	•
			otes payable				•	
			yable				•	
			es. Attach schedule		147,786			64,000.
			or principal fund		509,735		•	893,617.
			pital surplus. Attach reconciliation		309,733	•	•	093,017.
			nings or income fund				•	
			ies and net worth		694,378			1,044,092.
	dule			ooks with income per		•		2,011,002.
JUIT	uuic	141-	Do not complete this schedule			nn (d), is less than	\$50,000.	
	Not inco	mo n	er books	383,882.		on books this year not in		
			ne tax	303,002.		tach schedule		
			ital losses over capital gains			s return not charged		
			ecorded on books this year.		against book inco	_		
			ile			,		
			orded on books this year not deducted			and line 8		
	-		. Attach schedule		10 Net income p			
			e 1 through line 5	383,882.		9 from line 6		383,882.
			g	300,002.	1		I	222,0021

3652214 Side 2 Form 199 2021 059 CACA1112L 01/04/22

2021	California Statements	Page 1
Client EBBC	East Bay Bicycle Coalition DBA Bike East Bay	94-2585652
11/07/22		10:54AN
	ents\$ e	6,138. 6,973.
Statement 2 Form 199, Part II, Line 17 Other Expenses		
Advertising and Promoting Bad debt. Conferences, Convention Information Technology Insurance Materials & supplies Office Expenses Other Other Employee Benefit Other fees Pension Plan Contributing Special Event Expenses	ion ns, and Meetings ions Total	16,564. 37,346. 14,136. 1,505. 7,959. 10,876. 81,746. 29,950. 20,845. 58,505. 12,730. 13,968. 3,927. 4,853.
Statement 3 Form 199, Schedule L, Line 1 Other Assets Security deposits	1 2 Total <u>\$</u>	1,622. 1,622.

Form 199, Schedule L, Line 18 Other Liabilities	

Deferred Revenue	64,000.
Total	\$ 64,000.

2021

California Supplemental Information

Page 1

Client EBBC	East Bay Bicycle Coalition DBA Bike East Bay	94-2585652
11/07/22	·	10:54AM
California Deductions (Compensation of officer See Form 990 and relate	Form 199) s, directors and trustees d schedules	

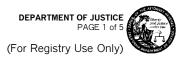
STATE OF CALIFORNIA RRF-1

RRF-1 (Rev. 02/2021) IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447

Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400



ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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

WEBSITE ADDRESS: www.oag.ca.gov/charities		800, plus interest, and/or fin ; Government Code section								
EAST BAY BICYCLE COA	LITION			Check if:						
DBA BIKE EAST BAY Name of Organization					Change of address					
				Amended	report					
List all DBAs and names the organization upon BOX 1736	ses or has used			State Charity	Registration Num	ber 053294				
Address (Number and Street)				- 10.10	9	<u> </u>				
OAKLAND, CA 94604 City or Town, State, and ZIP Code				Corporation o	r Organization No	o. <u>1233835</u>				
510-845-7433 Telephone Number	GINGE E-mail Add	R@BIKEEASTBAY	ORG	Federal Empl	oyer ID No. 94	-2585652				
•		ENEWAL FEE SCHED	NII E /11 Cal							
ANNOALR	EGISTRATION	Make Check Payabl	le to Depart	ment of Justic	e	11, and 312)				
Total Revenue	<u>Fee</u>	Total Revenue		<u>Fee</u>	Total Revenue		F	<u>ee</u>		
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	·	Between \$250,001 a Between \$1,000,001 Between \$5,000,001	and \$5 mill	ion \$200		0,001 and \$100 millio 00,001 and \$500 mill 0 million	ion \$1			
PART A – ACTIVITIES	·	. , ,	•	•				,		
For your most recent full a	ccounting perio	od (beginning	1/01/21	ending	12/31/21) list:				
Total Revenue \$ (including noncash contributions)	1,393,430) Noncash Contri	butions \$	25,	312. Total A	 ssets	4,09	92.		
		751,409.	_		s \$ 1,013					
						<u> </u>				
PART B — STATEMENTS										
Note: All questions must be an providing an explanation	swered. If you a and details for	each "yes" to any o each "yes" response	of the quest e. Please rev	ions below, yo iew RRF-1 ins	u must attach a s tructions for info	separate page ormation required.	Yes	No		
During this reporting period, w officer, director or trustee thereof, e	vere there any control	ontracts, loans, leases or with an entity in whi	other financial ich any such	transactions betwo	veen the organiza or trustee had any f	ation and any inancial interest?		X		
2 During this reporting period, w	as there any th	eft, embezzlement, o	diversion or	misuse of the	organization's charital	ple property or funds?		Х		
3 During this reporting period, w	ere any organiz	zation funds used to	pay any per	nalty, fine or ju	dgment?			Χ		
4 During this reporting period, w coventurer used?	ere the service	s of a commercial fundra	iser, fundrai	sing counsel fo	or charitable purposes	s, or commercial		Χ		
5 During this reporting period, d	id the organiza	ion receive any gove	ernmental fu	nding?	SEI	E STATEMENT 1	Χ			
6 During this reporting period, d	id the organiza	ion hold a raffle for o	charitable po	urposes?				Χ		
7 Does the organization conduct	a vehicle dona	tion program?						Χ		
Did the organization conduct a generally accepted accounting	an independent principles for t	audit and prepare au his reporting period?	udited financ	cial statements	in accordance w	rith		Х		
9 At the end of this reporting pe	riod, did the or	ganization hold restric	ted net assets,	while reporting	g negative unrest	ricted net assets?		Х		
I declare under penalty of perjui and belief, the content is true, c					documents, and	to the best of my kno	owledo	ge		
	JILI	HOLLOWAY		OPERATION	S DIRECTOR					
Signature of Authorized Agent	Printed	Name		Title		Date				

2021

California Statements

East Bay Bicycle Coalition DBA Bike East Bay

94-2585652

Page 1

11/07/22

Client EBBC

10:54AM

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

Berkeley Dept of Public Works 1947 Center Street, 3rd Floor, Berkeley, CA 94704 Beth Thomas 510-981-7062

City of Dublin 100 Civic Plaza Dublin, CA 94568 Sai Midididdi 925.833.6630

City of El Cerrito 10890 San Pablo Avenue El Cerrito, CA 94530 Jennifer Bright (510) 215-4362

City of Emeryville 1333 Park Avenue Emeryville, CA 94608 Matt Anderson 510-596-3795

City of Fremont 39550 Liberty Street Fremont, CA 94537 Matt Bomberg 510.494.4535

City of Hayward 777 B Street Hayward, CA 94541 Erik Pearson 510.583.4720

City of Oakland 250 Frank H. Ogawa Plaza, Suite 4314 Oakland, CA 94612 Jason Patton 510-238-7049

City of Pleasanton P.O. Box 520 Pleasanton, CA 94566 Lisa Adamos 925-931-5476

City of Pittsburg 65 Civic Ave, Pittsburg, CA 94565 Jordan Davis 925.252.6900

City of Richmond 450 Civic Center Plaza Richmond, CA 94804 Samantha Carr 510.620.5407

Client EBBC

East Bay Bicycle Coalition DBA Bike East Bay

94-2585652

11/07/22

Statement 1 (continued)
Form RRF-1, Part B, Line 5

City of San Leandro 835 E. 14th St San Leandro, CA 94577 Sheila Marquises 510.298.0919

Alameda County Public Works Agency 399 Elmhurst St Hayward, CA 94544 Daniel Woldesenbet (510) 670-5480

Government Agency That Provided Funding

City of San Pablo 1000 Gateway Ave San Pablo, CA 94806 Sarah Kolarik (510) 215-3068

Metropolitan Transportation Commission 375 Beale St., Suite 800 San Francisco, CA 94105 Lily Brown (415) 778-6721

City of Union City 34009 Alvarado Niles Rd Union City, CA 94587 Marilou Ayupan 510-471-3232

Alameda County Transit Commission 1111 Broadway, Suite 800 Oakland, CA 94607 Krystle Pasco 510.208.7467

City of Livermore 1052 South Livermore Avenue Livermore, CA 94550 Julie Chiu 408-500-5479

City of Newark 37101 Newark Blvd Newark, CA 94560 Jayson Imai 510.578.4286 10:54AM