Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2019

Open to Public

<u> </u>	FOF	the 2018		and ending	_			, 20			
R	Check	if applicable:	C Name of organization		1	D Employer iden		number			
_			PHOENIX BIKES			20-8842	2260				
L	At	ddress nange	Doing business as								
L	_ Ne	sme change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur					
	Ini	Itlal return	909 S. DINWIDDIE STREET			(703) 57	5-776	2			
		nal return/ rminated	City or town, state or province, country, and ZIP or foreign postal code								
Г	An	mended turn	ARLINGTON, VA 22204			G Gross receipts	\$	426,915			
	74	pication inding	F Name and address of principal officer: EMILY GAGE			H(a) is this a grou		Yes X N			
_	pe	rio ing	909 S. DINWIDDIE ST, ARLINGTON, VA 22204			Subordinates' H(b) Are all subordi		d? Yes N			
ī	Tax-	exempt sta	itus: X 501(c)(3) 501(c)() ◀ (Insert no.) 4947(a)(1) or	52	,	If "No," att	ach a list. (see instructions)			
1			WWW.PHOENIXBIKES.ORG	1 1 1 1		H(c) Group exemp	tion numbe	er 🕨			
ĸ			zation: X Corporation Trust Association Other	I Veet of		on: 2007 M s					
	art		mmary	L real O	Tormau	UII. 200 III C	rate of it	ogal donnolo.			
				V DIVEC	EDII	TATES VOII	TH DD	OMOTES			
	1	Briefly	describe the organization's mission or most significant activities: PHOENIX	V PIVES	EDUC	AIES 100.	III, III	OMOTES			
Activities & Governance	1	BIC	CLING AND BUILDS COMMUNITY.								
Ē											
2	2	Check	this box if the organization discontinued its operations or disposed	of more tha	n 25%	of its net assets	. ,				
ŏ	3	Numbe	er of voting members of the governing body (Part VI, line 1a)				3	12.			
4	4	Numbe	er of independent voting members of the governing body (Part VI, line 1b)				4	12.			
를	5	Total n	umber of individuals employed in calendar year 2019 (Part V, line 2a)				5	11.			
1	6		umber of volunteers (estimate if necessary)				6	248.			
¥	78		nrelated business revenue from Part VIII, column (C), line 12				7a	0.			
			related business taxable income from Form 990-T, line 39			_	7b				
						Prior Year		Current Year			
	8	Contrib	utions and grants (Part VIII, line 1h)			147,702	2.	172,853.			
Revenue	9			200 000 00 000 000			0.	0.			
\$	-		m service revenue (Part VIII, line 2g)	- 1			0.	0.			
2	10		nent income (Part VIII, column (A), lines 3, 4, and 7d)			190,025		196,986.			
	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			337,727		369,839.			
-	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).				_				
	13		and similar amounts paid (Part IX, column (A), lines 1-3)				0.	0.			
	14		s paid to or for members (Part IX, column (A), line 4)	1200 2002 0001 00 1007			0.	0.			
	15		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)			274,293		281,191.			
Ě	16 a	Profess	essional fundralsing fees (Part IX, column (A), line 11e)								
Expe	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 28,783.								
ш	17	Other e	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)			65,525	5.	95,315.			
	18	Total e	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[339,818	3.	376,506.			
	19		e less expenses. Subtract line 18 from line 12			-2,091		-6,667.			
5 8					Beginni	ing of Current Ye	ar	End of Year			
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)			260,250		253,583.			
Bal	21		bilities (Part X, line 26)				5.	0.			
3	22		ets or fund balances. Subtract line 21 from line 20,			260,250	_	253,583.			
			nature Block	• • • • • • • •		200,200	•	200,0001			
	_			and statem		d to the best of	ku	ladge and hallef it is			
true	COLLE	ect, and co	perjury, I declare that I have examined this return, including accompanying schedules implete. Declaration of preparer (other than officer) is based on all information of which	preparer has	any kno	wiedge.	ny knowi	leuge and belief, it is			
		. (. 7 44			11/12	/2020				
Sign	.		mily Dage			11/13	/2020				
ler			nature of officer 0			Date					
		_	ILY GAGE EXECUTIV	E DIREC	TOR						
			e or print name and title								
		Print/Ty	pe preparer's name Preparer's signature	Date		Check i	PTIN				
aid						self-employed					
-	Brer	Firm's n	ame ►		F	firm's EIN					
50	Only		idress >			hone no.					
lav	the		cuss this return with the preparer shown above? (see instructions).					Yes X No			
-			duction Act Notice, see the separate instructions.		· · ·			Form 990 (2019)			
- 1	Thei							(2019)			

PHOENIX BIKES 20-8842260 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PHOENIX BIKES EDUCATES YOUTH, PROMOTES BICYCLING AND BUILDS COMMUNITY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 291,606. including grants of \$) (Revenue \$ 4a (Code:) (Expenses \$ SEE SCHEDULE O 4b (Code: including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 291,606.

Part IV Checklist of Required Schedules Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
E		-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	<u> </u>		
	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,	10		
• •				
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	l	3.7	
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 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
h	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12				X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
		144		
a	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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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

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Part IV Checklist of Required Schedules (continued)

ıaıı	Oneckinst of Required ochedules (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		X
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? If "Yes," complete Schedule J	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	۱		
20	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	20		Х
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Λ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	20		Х
Part		38		Λ.
rani	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii ochedule o contains a response of note to any line in this rait v	· · ·	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
ISA	reportable garning (garnoling) withings to prize withers:	IC	000	

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Part V S Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 11			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u></u>		X
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	_
ь 9	Each committee with authority to act on behalf of the governing body?			_
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.5	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4 2 h	Х	
	rise to conflicts?	12b	21	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
12	describe in Schedule O how this was done	13		X
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ VA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Dupon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record EMILY GAGE, ED 909 S. DINWIDDIE STREET ARLINGTON, VA 22204 703-575-7762	s 🕨		

Form **990** (2019)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week	box,	unles	s pe	ition more	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EMILY GAGE	0.									
EXECUTIVE DIRECTOR	0.				Х			70,000.	0.	0.
(2) JOAN HOLTZ	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(3)LIBBY GARVEY	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(4)GITA REDDY	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(5) FRANK BATE	0.									
BOARD CHAIR	0.	Х		Χ				0.	0.	0.
(6) HENRY DUNBAR	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(7) DEIRDRE MULLALY	0.									
VICE CHAIR	0.	Х		Χ				0.	0.	0.
(8) JOSEPH CORBETT	0.									
TREASURER	0.	Х		Χ				0.	0.	0.
(9) MEGAN JONES	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) HEATHER PRITCHETT	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) KAITLIN SHARPE	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) ANTHONY DETHOMAS	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) SAMANTHA BRANN	0.									
BOARD MEMBER	0.	Х			L	L		0.	0.	0.
(14)										

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Part VII	Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plc	ye	es,	and F	ligl	hest Compensat	ed Employees	(contin	ued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e that or lemployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISO	om co	other compensation		
	tal								70,000.		0.		0.	
	rom continuation sheets to Part VII, S								70,000.		0.		0.	
	add lines 1b and 1c)							re			<u> </u>			
	able compensation from the organization		0.		u ui	00 V) Wiic	, 10	ocived more than	φ100,000 01				
												Ye	s No	
	e organization list any former offic													
	yee on line 1a? If "Yes," complete Sched										3	_	X	
organi	ny individual listed on line 1a, is the s zation and related organizations gro	eater than	\$15	0,0	00?	l If	"Yes	," (complete Schedu	le J for such	I		v	
5 Did ar	ual y person listed on line 1a receive or	accrue con	mpen	sati	on f	fron	n any	uni	related organization	on or individual	I		X	
	vices rendered to the organization? If "You independent Contractors	es," complet	te Scr	iedi	ile J	tor	such	per	son	<u> </u>	5		X	
1 Compl	ete this table for your five highest comensation from the organization. Report of											x		
	(A)	Irocc							(B) Description of se	nyioos		C)	.n	
	Name and business add	11 533						+	Description of Se	I VIUCO	Compe	aliO	"11	
								+						
								1						

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

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Part VIII Statement of Revenue

Par	t VIII					
		Check if Schedule O contains a response or note to any	/ line in this Part V (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	1a b	Federated campaigns 1a Membership dues 1b				36000013 312-314
A'G	С	Fundraising events 1c				
ar /	d	Related organizations 1d				
s, G	е	Government grants (contributions) 1e				
ion	f	All other contributions, gifts, grants,				
but		and similar amounts not included above 11f 172,853.				
وَجَ	g	Noncash contributions included in				
Col		lines 1a-1f	172,853.			
-	n	Total. Add lines 1a-1f	172,053.			
e l	2-					
Program Service Revenue	2a					
Se	b c					
am	d					
P. S.	e					
<u> </u>	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	0.			
	4	Income from investment of tax-exempt bond proceeds . >	0.			
	5	Royalties	0.			
	_	(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c	0.			
	d 7a	Gross amount from (i) Securities (ii) Other	0.			
	r a	sales of assets				
		other than inventory 7a				
ø	b	Less: cost or other basis				
venue		and sales expenses 7b				
	С	Gain or (loss) 7c				
<u>ت</u> ح	d	Net gain or (loss)	0.			
Other Re	8a	Gross income from fundraising				
0		events (not including \$28,340.				
		of contributions reported on line				
		1c). See Part IV, line 18 8a 62,387.				
	b	Less: direct expenses				
	С	Net income or (loss) from fundraising events ▶	46,915.			
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a 0.				
	b	Less. direct expenses	0.			
	C 100	Net income or (loss) from gaming activities	0.			
	10a	Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	C	Net income or (loss) from sales of inventory	150,071.			
S		Business Code				
e g	11a					
Miscellaneous Revenue	b					
Sell	C					
Ais.	d	All other revenue				
	е	Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ·	0.			
ISA	12	Total revenue. See instructions ▶	369,839.			

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a resp	onse or note to any line	in this Part IX	 	
Do not include amounts reported on lines 6b, 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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	70,000.	21,000.	35,000.	14,000.
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.			
7 Other salaries and wages	185,967.	169,229.	12,215.	4,523.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	4,994.	4,994.		
10 Payroll taxes	20,230.	15,034.	3,732.	1,464.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column	0			
(A) amount, list line 11g expenses on Schedule O.)	1,030.	1,030.		
12 Advertising and promotion	0.	1,030.		
13 Office expenses	4,082.	3,265.	409.	408.
14 Information technology	0.	3,203.	100.	100.
15 Royalties	11,083.	8,866.	1,109.	1,108.
16 Occupancy	0.	0,000.	1/107.	1,100.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	16,745.	16,745.		
23 Insurance ATCH 1	12,675.	10,140.	1,268.	1,267.
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.)				
aSHOP AND OFFICE SUPPLIES	3,410.	1,398.	1,006.	1,006.
bPROGRAM SERVICE COSTS	10,685.	10,685.		
c ^{TAXES}	13,995.	13,995.		
dPAYROLL SERVICES	3,198.	2,377.	590.	231.
e All other expenses	18,412.	12,848.	788.	4,776.
25 Total functional expenses. Add lines 1 through 24e	376,506.	291,606.	56,117.	28,783.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental and complete the complete this line only if the organization contains the complete this line only if the organization reported the complete this line only if the organization reported the complete this line only if the organization reported the complete this line only if the organization reported the complete this line only if the organization reported the complete this line only if the organization reported the complete the				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	131,495.	1	87,593.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
sts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 184, 296.			
	b	Less: accumulated depreciation		10c	165,990.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	260,250.	16	253,583.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
<u>ia</u>		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0.
	26	of Schedule D	0.	25	0.
	26	Organizations that follow FASB ASC 958, check here ► X	<u> </u>	26	<u> </u>
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	214,646.	27	247,839.
Ва	28	Net assets with donor restrictions	45,604.	28	5,744.
pur		Organizations that do not follow FASB ASC 958, check here ▶	·		
Net Assets or Fund Balances		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	0.66 0.77	31	050 505
Net	32	Total net assets or fund balances	260,250.	32	253,583.
_	33	Total liabilities and net assets/fund balances	260,250.	33	253,583.

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Part	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			69,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			76,5	
3	Revenue less expenses. Subtract line 2 from line 1	3 -6,6			-6,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	60,2	250.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	53,5	83.
Part	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: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the		7	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PHOENIX BIKES

Department of the Treasury

Internal Revenue Service

Employer identification number 20-8842260

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	complete	e this pa	art.) See instructions				
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).				
7		An organization that norma	Ily receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college			
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or			
		university:									
10	X	An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	exception ome (less	s, and (2) no more tha s section 511 tax) from	n 331/3% of its			
11		An organization organized									
12		An organization organized	•		-		, ,, ,	arry out the purposes			
		of one or more publicly su	•	•	-						
		Check the box in lines 12a t					, , , ,				
а			=				•	=			
_	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.				-,,					
b		Type II. A supporting org				n with its	supported organization	on(s), by having			
	_	control or management of	•								
		organization(s). You must				•		0 11			
С		Type III functionally integ	-		ated in c	onnectio	n with, and functional	ly integrated with,			
		its supported organization									
d		Type III non-functionally		•				ted organization(s)			
		that is not functionally inte			-			- ' '			
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.				
f		nter the number of supported									
g	Pr	ovide the following information	on about the suppo	orted organization(s).							
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,			
(A)											
(/											
(B)											
(C)											
(D)											
(E)											
Tot	al							1			

Schedule A (Form 990 or 990-EZ) 2019 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage % Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **3**

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.)

Sec	tion A. Public Support			-	-	·	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	130,455.	150,731.	310,665.	210,491.	230,062.	1,032,404.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	179,191.	197,812.	196,588.	172,285.	191,675.	937,551.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0.
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	15,600.	15,600.	15,600.			46,800.
6	Total. Add lines 1 through 5	325,246.	364,143.	522,853.	382,776.	421,737.	2,016,755.
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						0.
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
_	or 1% of the amount on line 13 for the year						0.
8	Add lines 7a and 7b						
	line 6.)						2,016,755.
Sec	tion B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	325,246.	364,143.	522,853.	382,776.	421,737.	2,016,755.
10 a	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						0.
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)	325,246.	364,143.	522,853.	382,776.	421,737.	2,016,755.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.	_					
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colum	nn (f))		15	100.00%
16	Public support percentage from 2018 Scheo					16	100.00%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	<u>%</u>
18	Investment income percentage from 2018 S					18	<u>%</u>
19 a	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orgal line 18 is not more than 331/3%, check						. 🖂
20	Private foundation. If the organization d				. ,		

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Schedule A (Form 990 or 990-EZ) 2019 Page 4

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Supporting Organizations Part IV

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

S

00011	on 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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10 a	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			

10b Schedule A (Form 990 or 990-EZ) 2019

10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

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Schedu	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Yes	No
	Did the discount of the control of t		163	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	_		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Anguay (a) and (b) helew		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	-
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zations r	must complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).	-		•

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part	Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	-
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
<u> </u>	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Schedule A (Folili 990 of 990-EZ)

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.)

9E1225 1.000

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PHO	DENIX BIKES	20-8842260
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	
O	Stair and volunteer hours devoted to morntoning, inspecting, handling or violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	S	shiservation casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue si	
~	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1.	
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2019 Page **2**

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	, or C	Other S	Similar Asset	s (con	tinued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	k any of	the t	followir	ng that make	signific	ant use	of its
	collection items (check all that app	ly):										
а	Public exhibition			d	Loan	or excha	nge p	rogram				
b	Scholarly research			e	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the organ		collections	s and expla	ain how t	thev furt	ther th	he oraa	anization's exe	mpt pi	ırpose ir	n Part
	XIII.					,		3-				
5	During the year, did the organization	n solicit o	or receive o	donations o	of art. histo	orical tre	easure	es. or ot	her similar			
-	assets to be sold to raise funds rath										Yes	No
Pa	rt IV Escrow and Custodial A					- g						
	Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV, I	line 9), or rep	ported an am	ount c	n Form	
1a	Is the organization an agent, truste	e. custo	dian or othe	er intermed	diary for c	ontributi	ions o	r other a	assets not			
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement is	n Part XII	ll and com	plete the fo	llowing tab	ole:						
-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Γ			Amo	unt		
С	Beginning balance						1c		7 0			
q	Additions during the year						1d					
u _	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am							todial a	ccount liability?		Yes	No
	If "Yes," explain the arrangement in										_	⊣ ''`
$\overline{}$	rt V Endowment Funds.	II Fait All	II. CHECK II	cie ii tile e.	λριαι ιατίσι ι	i iias bee	ii pio	vided of	ΠΓαιτλίιι			
Га	Complete if the organiza	ition and	wered "Ve	es" on For	m 99∩ F	Part I\/	lina 1	10				
	Complete ii the organiza		rrent year	(b) Prio		(c) Two			(d) Three years ba	ok (o) Four year	e back
		(a) Cui	Trent year	(b) F110	n year	(c) 1 wo	years	Dack	(u) Tillee years ba	CK (E	roui yeai	5 Dack
1 a	Beginning of year balance									+		
b	Contributions									_		
С	Net investment earnings, gains,											
	and losses									_		
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	column	(a)) h	eld as:				
а	Board designated or quasi-endown	nent ▶_		_%								
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.								
3a	Are there endowment funds not in	the poss	ession of th	he organiza	ation that	are held	and	adminis	stered for the			
	organization by:									_	Yes	No
	(i) Unrelated organizations									3	a(i)	
	(ii) Related organizations									. 3	a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations liste	ed as require	ed on Sch	edule R?	?				3b	
4	Describe in Part XIII the intended u	uses of th	ne organiza	ition's endo	wment fur	nds.				_		
Pa	rt VI Land, Buildings, and Equ Complete if the organization											
	Complete if the organiza	ation ans										0
	Description of property			r other basis stment)		or other bas ther)	SIS	(c) Accu depred		(d) B	ook value	
1a	Land		, 50		,	,						
b	Buildings											
c	Leasehold improvements				1	100,39	3.		3,111.		97,	282.
d	Equipment.					40,87			0,587.			287.
e	Other					43,03			4,609.			421.
Tota	II. Add lines 1a through 1e. (Column		t egual Forr	n 990. Part	X. columi				•			990.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page **3**

Part VII	Investments - Other Securities.	l "Vos" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	al derivatives		
	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (0a/ana	(h) marel a marel Farma 2000 Barel V and (D) line 40.)		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		
raitix		l "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
(4)	(a) De	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	umn (b) must equal Form 990, Part X, col. (B) i	lino 15 \	
	Other Liabilities.	IIIe 15.)	······
Part X		l "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.		otion of liability	(b) Book value
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
			the organization's financial statements that reports the
			the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4c	
с 5	Add lines 4a and 4b	5	
Part		_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4.	
С 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.	<u> </u>	
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line

 Schedule D (Form 990) 2019
 PHOENIX BIKES
 20-8842260
 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	the organization					Employer Identification	on number
	IIX BIKES		!		V" 0	20-8842260	7
Part I					Yes" on Form 98	90, Part IV, line 1	7.
	Form 990-EZ filers are not r						
1	ndicate whether the organization ra	ised funds through		_			
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
b li	Did the organization have a written of key employees listed in Form 990 f "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	D, Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tatal							
	ist all states in which the organizate egistration or licensing.				contributions or	has been notified	it is exempt from

PHOENIX BIKES 20-8842260 Schedule G (Form 990 or 990-EZ) 2019 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events MAKER'S BALL AFR (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 32,349. 15,506. 47,855. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 32,349. 15,506. 47,855. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 2,499. 424. 2,923. 8 Entertainment 9 Other direct expenses 5,962. 3,889. 9,851.

	10 11	Direct expense summary. Add line Net income summary. Subtract lir	ne 10 from line 3, colu	ımn (d)		12,774 35,081
Pa			anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
nses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	>	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a k		Enter the state(s) in which the orgals the organization licensed to condit "No," explain:	duct gaming activities	ming activities: in each of these state		Yes No
10a		Were any of the organization's gaming If "Yes," explain:		oended, or terminated du		Yes No

Sched	lule G (Form 990 or 990-EZ) 2019
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number Name of the organization PHOENIX BIKES 20-8842260

Par	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	(d) Method of de noncash contrib	eterminin	
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		1,102.	5,178.			
25	Other ►(ATCH 1)		1,102.	3,170.			
26	Other ►()						
27	Other ►()						
	Other ►()	her the same					
29	Number of Forms 8283 received				29		
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	25	Yes	No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I line	s 1 through	163	140
Jua	28, that it must hold for at least t				_		
	to be used for exempt purposes for)a	Х
h	If "Yes," describe the arrangement		olding period:			,u	
31	Does the organization have a		tance nolicy that require	es the review of any	nonstandard		
31	contributions?					1	Х
322	Does the organization hire or use					-	
02a	contributions?	-	•	•		2a	Х
h	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)) is checked		
	describe in Part II.		(0) 101 4 13 90 01 910	,	S S S.		

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
USED BIKES	X	1002.	0.	
AUCTION ITEMS (MAKER'S	BA X	100.	5,178.	COMPARABLE SALE
TOTALS	-	1,102.	5,178.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

20-8842260

Name of the organization PHOENIX BIKES

FORM 990, PART III, LINE 4A

DIRECT PARTICIPATION IN A FINANCIALLY AND ENVIRONMENTALLY SUSTAINABLE

NONPROFIT BIKE SHOP THAT SERVES THE COMMUNITY. PHOENIX BIKES PROVIDES A

FUN, SAFE, AND CHALLENGING ENVIRONMENT WHERE LOCAL YOUTH LEARN BIKE

MECHANICS AND ASSIST IN BIKE SHOP OPERATIONS. THE PROGRAM PROVIDES A

UNIQUE WAY FOR YOUNG LEADERS TO LEARN TEAMWORK, DEVELOP BUSINESS AND

LEADERSHIP SKILLS, AND SERVE OTHERS.

- 1) EDUCATING YOUTH: PHOENIX BIKES EDUCATES YOUTH THROUGH OUR FREE,
 YEAR-ROUND "EARN-A-BIKE" PROGRAM DURING WHICH TEENS LEARN THE BASICS OF
 BICYCLE REPAIR, PRACTICE THEIR SKILLS ON A BIKE FOR A COMMUNITY MEMBER IN
 NEED, AND REFURBISH A BIKE TO KEEP. WE ALSO HOST WEEKLY GROUP RIDES FOR
 YOUTH TO PRACTICE THEIR SAFE RIDING SKILLS IN A FUN, SOCIAL SETTING.
 ADVANCED RIDING OPPORTUNITIES INCLUDE A JUNIOR RACING PROGRAM WHERE YOUTH
 CAN LEARN TEAMWORK AND CHALLENGE THEMSELVES ATHLETICALLY AND A BIKE
 TOURING CLUB, WHICH FEATURES SMALL-GROUP MULTI-DAY CAMPING TRIPS FOR
 YOUTH TO DISCOVER THEMSELVES, NATURE, AND WHERE TWO WHEELS CAN TAKE THEM.
 FINALLY, AN ADVANCED MECHANICS PROGRAM OFFERS DEEPER YOUTH ENGAGEMENT
 AND WORKFORCE DEVELOPMENT.
- 2) PROMOTING BICYCLING: THROUGH DAILY YOUTH PROGRAMS, REGULAR ADULT
 WORKSHOPS, AND AFFORDABLE REPAIR SERVICES/SALES OF REFURBISHED BIKES, WE
 PROVIDE COMMUNITY MEMBERS WITH THE EQUIPMENT AND SKILLS TO START AND
 KEEP ON RIDING AS A MEANS OF ECONOMICAL, GREEN TRANSPORTATION AND

Name of the organization
PHOENIX BIKES

Employer identification number
20-8842260

WELLNESS.

3) BUILDING COMMUNITY: WE ENSURE OUR PROGRAMS ARE INCLUSIVE AND WELCOMING SPACES, AND THAT OUR SERVICES CONTRIBUTE TO MAKING BIKE OWNERSHIP AND MAINTENANCE ACCESSIBLE TO ALL IN THE COMMUNITY, REGARDLESS OF INCOME LEVEL, EXPERIENCE OR OTHER FACTORS. TO THAT END, PHOENIX BIKES INTENTIONALLY REACHES OUT TO WOMEN AND GIRLS-UNDERREPRESENTED IN THE CYCLING COMMUNITY-THROUGH REGULAR, WOMEN-SPECIFIC CLINICS AND PROGRAMMING. WE ALSO GIVE BACK; IN 2019, WE DONATED 50 BIKES TO COMMUNITY MEMBERS IN NEED THROUGH PARTNERSHIPS WITH OVER A DOZEN NONPROFITS IN NORTHERN VIRGINIA. WE ALSO SUPPORTED OTHER LOCAL ORGANIZATIONS BY PROVIDING VOLUNTEER AND STAFF SUPPORT AT A DOZEN BIKE-RELATED COMMUNITY EVENTS, SUCH AS BIKE RODEOS THAT TEACH RIDING SKILLS TO YOUNGER RIDERS.

FORM

THE BOARD OF DIRECTORS IS PROVIDED A COPY OF FORM 990 FOR REVIEW AND DISCUSSION PRIOR TO THE FILING OF THE RETURN. THIS REVIEW IS DOCUMENTED IN THE MEETING MINUTES OF THE BOARD OF DIRECTORS.

FORM

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR MONITORING AND ENFORCING ALL POLICIES AND PROCEDURES OF THE ORGANIZATION INCLUDING THE CONFLICT OF INTEREST POLICY.

FORM

THE ORGANIZATION'S FINANCIAL INFORMATION IS CONTAINED IN ITS ANNUAL FORM

Name of the organization
PHOENIX BIKES

Employer identification number
20-8842260

990 WHICH IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. ALL OTHER PUBLIC INFORMATION CAN BE OBTAINED BY SENDING A WRITTEN REQUEST TO THE CHAIR OF THE BOARD AT THE ORGANIZATION'S MAILING ADDRESS.

PHOENIX BIKES 2019

Description of Property	

ATTACHMENT 1

DEPRECIATION	D-4-	l loodiii-ti 1		170			Dominion in a	Englisher	1	1			N A A	C	
Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMPROVEM	10/01/2018	100,393.	100.000			100,393.	537.	3,111.	SL	MM	39.000		39		2,574.
BIKE RACKS	10/01/2018	9,007.	100.000			9,007.	241.	2,119.	150DB	MQ	7.000		7		1,878.
OFFICE-FURN, FIXTUR	04/30/2019	37,447.	100.000			37,447.		4,011.	150DB	HY	7.000		5		4,011.
SHOP SIGN	07/08/2019	5,583.	100.000			5,583.		598.	150DB	НУ	7.000		5		598.
Less: Retired Assets															
Subtotals		152,430.				152,430.	778.	9,839.							9,061
Listed Property															
VAN	10/04/2018	20,917.	1.00000			20,917.	784.	6,825.	150DB	MQ	5.000		5		6,041
CHEVROLET VEHICLE	01/01/2019		1.00000			10,950.		1,643.	150DB	-	5.000		5		1,643
Less: Retired Assets									1						
Subtotals		31,867.				31,867.	784.	8,468.							7,684
TOTALS		184,297.				184,297.	1,562.	18,307.							16,745
AMORTIZATION															
Asset description	Date placed in	Cost or basis					Accumulated	Ending Accumulated amortization	Codo	Life					Current-year amortization
Asset description	service	มสอเอ					aillortization	amortization	Code	Life					amonization
TOTALS															

*Assets Retired

JSA 9X9024 1.000

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Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. **179** Identifying number

20-8842260

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

PHOENIX BIKES

	•	т							
			Indor Soction	n 170					
Га					you com	olete Part I.			
								1	
2								2	
3	Threshold cost of section 179 proper	rty before reduction i	n limitation (see	instruction	ns)		L	3	
4 5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 from	3 from line 2. If zero on line 1. If zero or less, enter	or less, enter -0- -0 If married filing				• • •	5	
6							ted cost		
	, , ,					,, ,,			
7	Listed property. Enter the amount fro	m line 29			7				
								8	
								10	
11									
12								12	
13									
Note	-					1			
Pa	rt II Special Depreciation A	Ilowance and Ot	her Deprecia	ation (D	on't include	e listed proper	ty. See	inst	ructions.)
14	Special depreciation allowance for	or qualified propert	y (other than	listed	property) p	laced in servi	се		
	·		• '					14	
15								15	
16								16	
	rt MACRS Depreciation (I	Don't include listed	l property. Se	e instruc	tions.)				
			Secti	on A					
17	MACRS deductions for assets place	d in service in tax yea	ars beginning be	fore 2019			L	17	4,452
18	If you are electing to group any a	assets placed in ser	rvice during th	e tax yea	ar into one	or more gener	ral		
	Sentence Decretation Dec								
Note: Don't use Part II or Part III below for listed property, Imstead use Part V. Source and allowed deduction from Inchalde listed property. See instructions.) 1									
	(a) Classification of property	placed in	(business/inves	stment use	(a) Receivery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	SEE							
b	5-year property	DETAIL	43	3,030.	5.000	HY	150	DB	4,609.
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
g	25-year property				-				
h	Residential rental				-				
	property				-				
i	Nonresidential real				39 yrs.		_		
	· · ·								_
		Placed in Service D	During 2019 T	ax Year	Using the	Alternative De			System
	<u> </u>								
	· · · · · · · · · · · · · · · · · · ·						1		
	,	iona			40 yrs.	MM	S/L	_	
	- '	· ·					1		T (04
								21	7,684
22									1 . 7 4 .
23	For assets shown above and place portion of the basis attributable to se	ed in service during ection 263A costs	g the current	year, ent	er the 23		[22	10,745
For JSA	9.22300 2.000	•							

20-8842260 Form 4562 (2019) Page 2 Property (Include automobiles, Listed certain other vehicles, certain aircraft, and property used entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (e) (b) (i) (h) Business/ Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 SEE LISTED PROPERTY DETAIL Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/L -% % S/L -% S/L -7,684 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f)

30	Total business/investment miles driven during the year (don't include commuting miles)	Vehi	cle 1	Vehi	icle 2	Vehi	icle 3	Vehi	icle 4	Vehi	icle 5	Vehi	cle 6
	Total commuting miles driven during the year Total other personal (noncommuting)												
33	miles driven Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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

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

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	162	NO
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
Б.	and All Annual and the second		

Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	Amortiz period percent	or	(f) Amortization for this year
42	Amortization of costs that begins duri	ing your 2019 tax	year (see instructions):				
43	Amortization of costs that began before	ore your 2019 tax y	year		[43	
44	Total. Add amounts in column (f). Se	<u> </u>	44				

Form 4562 (2019)

V-- N-

.ISA

Description of Property

GENERAL DEPRECIATION

	_			_	CI		-		
u		~	ĸ		u	н	ш	u	IN

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	179	Current-year depreciation
LEASEHOLD IMPROVEM	10/01/2018	100,393.	100.000			100,393.	537.	3,111.	SL	MM	39.000		39		2,574.
BIKE RACKS	10/01/2018	9,007.	100.000			9,007.	241.	2,119.	150DB	MQ	7.000		7		1,878.
OFFICE-FURN,FIXTUR	04/30/2019	37,447.	100.000			37,447.		4,011.	150DB	НҮ	7.000		5		4,011.
SHOP SIGN	07/08/2019	5,583.	100.000			5,583.		598.	150DB	HY	7.000		5		598.
Loop: Batirad Apacta															
Less: Retired Assets		152,430.	-			152,430.	778.	9,839.	1						9,061.
Subtotals		152,430.				152,430.	776.	9,039.							9,061.
VAN	10/04/2018	20,917.	100 000			20,917.	784.	6,825.	150DB	MQ	5.000		5		6,041.
							/84.			HY			5		
CHEVROLET VEHICLE	01/01/2019	10,950.	100.000			10,950.		1,643.	150DB	HY	5.000		5		1,643.
Less: Retired Assets									1						
Subtotals		31,867.				31,867.	784.	8,468.							7,684.
TOTALS		184,297.				184,297.	1,562.	18,307.							16,745.
AMORTIZATION	Date	Cost						Ending							
	placed in	or					Accumulated	Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life				-	amortization
			-												
TOTALS															

*Assets Retired

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