Form 990

Return of Organization Exempt From Income Tax

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

		of the Treasury enue Service	1	v.irs.gov/Form990 for in:			37			11000	n to Publ spection	
A F	or th	e 2018 cale	ndar year, or tax year beginning			and end				, 20		
_			ame of organization					D Employer ide	ntificat	tion number	er	
Во	heck if a	pplicable: P	HOENIX BIKES					20-884	2260)		
	Addre		oing business as									
	7 `		umber and street (or P.O. box if mail is	not delivered to street addres	is)	Room/su	uite	E Telephone nu	ımber			
	Initial	return 9	09 S. DINWIDDIE STRE	ET				(703) 57	5-7	762		
-	Final	return/ Ci	ty or town, state or province, country,	and ZIP or foreign postal code	B							
-	termi Amer	nded A	RLINGTON, VA 22204	G Gross receipt	s S		382,7	76.				
-		cation F Na	ame and address of principal officer:	EMILY GAGE				H(a) Is this a gro				No
_	pend	ing	09 S. DINWIDDIE ST,		2204			subordinate H(b) Are all subor	s?		Yes	No
_	T						T-07	1		ist. (see instr		7 40
		empt status:) (insert no.)	4947(a)(1)	or	527	-		,	uctions)	
			.PHOENIXBIKES.ORG			- 1.		H(c) Group exer				7.77
Charles and	OWN INC.		n: X Corporation Trust	Association Other		LY	ear of forma	tion: 2007 M	State	of legal do	micile:	VA
Pa	art I	Summa										
	1	Briefly des	cribe the organization's mission of	or most significant activitie	s: PHOEN	IX BI	KES EDU	JCATES YOU	JTH,	PROMOT	ES	
8		BICYCL	ING AND BUILDS COMMU	NITY.								
Activities & Governance												
Je I	2	Check this	box if the organization of	discontinued its operation	ns or dispos	ed of mo	re than 25%	6 of its net asse	ts.			
9	3	Number of	voting members of the governing	body (Part VI, line 1a)					3			15.
ಹ	4		independent voting members of						4			15.
es	5		per of individuals employed in cal						5			12.
₹	5								6		1	45.
\ct	-		per of volunteers (estimate if neces						7a			0.
•			ated business revenue from Part \						7b			
	b	Net unrela	ted business taxable income from	Form 990-1, line 38		· · · · ·	• • • • •	Prior Year	1/10	Cur	rent Yea	
								279,4	20	Cur	147,7	
•	8		ons and grants (Part VIII, line 1h) .					219,4	0.		14/,/	0.
E C	9		ervice revenue (Part VIII, line 2g) .						0.			
Revenue	10	Investmen	ncome (Part VIII, column (A), lines 3, 4, and 7d)							100 (0.	
œ	11	Other reve	nue (Part VIII, column (A), lines 5	190,2		190,0						
	12		nue - add lines 8 through 11 (mus					469,6	95.		337,7	127.
_	13		d similar amounts paid (Part IX, co						0.			0.
	14	Donofite n	aid to or for members (Part IX, colo	umn (A), line 4)					0.			0.
		Delients pe	ther compensation, employee ber	efits (Part IX column (A)	lines 5-10)			276,3	6,335.		274,2	293.
es	15							0.				0.
ë			al fundraising fees (Part IX, colum		21,75	3.			THE	R TEN	SERVICE OF STREET	
xpenses	b	Total fund	raising expenses (Part IX, column	(D), line 25) -			_	91,3	375.		65.	525.
ш	17	Other expe	enses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		• • • • •	• • •	367,7			339,8	
	18	Total expe	nses. Add lines 13-17 (must equa	il Part IX, column (A), line	25)		• • • ⊢—	101,9		-		091.
	19	Revenue le	ess expenses. Subtract line 18 fro	m line 12			• • • _			-	<u> </u>	
Net Assets or Fund Balances							Beg	inning of Curren		En	260,	
and	20	Total asset	s (Part X, line 16)					286,			200,	
Ass Bal	21	Total liabil	ties (Part X, line 26)						0.			0.
Lind die	22	Not accets	or fund balances. Subtract line 2	1 from line 20				286,	179.		260,	250.
	4 III	Cianat	ura Black									
	rt II			his return including accom	panying sche	dules and	statements	, and to the best	of my	knowledg	e and beli	ief, it is
true	e, corre	ect, and comp	jury, I declare that I have examined to plete. Declaration of preparer (other that	an officer) is based on all info	ormation of w	hich prep	arer has any	knowledge.				
		10	·) al						15/2	2019		
01-		0	mily Mage					Date				
Sig		1 .	ature of officer 0		BUBOIL	י יונדדים	DIRECTO					
He	re		LY GAGE		EXECU	TIVE .	DIRECTO		-			
		Туре	or print name and title							PTIN		
	-	Print/Type	preparer's name	Preparer's signature		Dat	e	Check	if	FILIN		
Paid			4					self-emp	loyed			
	parer			1				Firm's EIN	-			
The state of the s	Only	Firm's nam						Phone no.				
		Firm's addr	ess ▶ ss this return with the prepare	ar chown ahoue? (cae	instruction	is)				. X	Yes	N
May	the	IRS discu	ss this return with the prepare	SI SIIOWII ADOVE! (See	"IOII GOLIOI	7				F	om 990	(2018

Form 990 (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

PHOENIX BIKES 20-8842260 Form 990 (2018) 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. 261,739. including grants of \$) (Revenue \$ 4a (Code:) (Expenses \$ SEE SCHEDULE O including grants of \$) (Revenue \$ 4b (Code: 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 261,739.

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Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		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			37
	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			v
	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			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		- 22
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X

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Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24-		
	to defease any tax-exempt bonds?			
	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
00		21		21
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):			3.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization 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? <i>If</i> "Yes,"	<u> </u>		
32	complete Schedule N, Part II.	32		Х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	· · · · · · · · · · · · · · · · · · ·			Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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.	38	Х	
Part		,		
	Check if Schedule O contains a response or note to any line in this Part V			
	S. Colon Contract Contract a response of field to any fine in the fact v		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of terms to be included in time to be included in t			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form **990** (2018)

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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 12					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	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		X		
	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?	5с				
	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				
	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		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
_	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				
9	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 10b					
	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12a	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 12b					
	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? <i>If "No," provide an explanation in Schedule O</i>	14b				
	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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Part VI

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

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

Sect	ion A. Governing Body and Management				
	g			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a 1!	5		
ıa	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b 1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
_	any other officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or ur				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	-	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:	J			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	-	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	_	401	v	
	rise to conflicts?		12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the pe	•	40-	Х	
	describe in Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13 14		X
14	Did the organization have a written document retention and destruction policy?		14		21
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		15a	Х	
a	The organization's CEO, Executive Director, or top management official		15b	X	
b	Other officers or key employees of the organization		. 55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
IVa	with a taxable entity during the year?	i arrangement	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion 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-	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		,	_	(-)
	X Own website Another's website Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of in	erest	policy	, and
	financial statements available to the public during the tax year.			•	
20	State the name, address, and telephone number of the person who possesses the organization's beauty gage, ED 909 S. DINWIDDIE STREET ARLINGTON, VA 22204 703-575-7762	ooks and record	ds ▶		
	ENIBL CAGE, ED 202 S. DINWIDDLE SIREEL ARLINGTON, VA 22204 (U3-5/5-//62				

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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.

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

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 (list any	(C) Position (do not check more than one box, unless person is both an y officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOAN HOLTZ	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(2)STEVE VENTO	0.									-
BOARD MEMBER	0.	Х						0.	0.	0.
(3)LARRY COUTRY	0.									-
BOARD MEMBER	0.	Х						0.	0.	0.
(4)LIBBY GARVEY	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(5)GITA REDDY	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)EMILY BLANTON	0.									
SECRETARY	0.	X		Х				0.	0.	0.
(7)FRANK BATE	0.									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(8)HENRY DUNBAR	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(9)DANIEL BLAINE	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(10)WILLIAM POTT	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)DEIRDRE MULLALY	0.									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(12)CHAD BIEBER	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)JOSEPH CORBETT	0.									
TREASURER	0.	Х		Х				0.	0.	0.
(14)MEGAN JONES	0.							_	_	
BOARD MEMBER	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es, a	and F	ligl	hest Compensat	ed Employ	yees (c	ontinue	ed)	-9
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	neck s pe d a d	ition more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organiza	on from d	other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org: and	om the anizatio d related anization	t
15) REBECCA IRWIN KENNEDY BOARD MEMBER	0.	X						0.		0.			0.
16) EMILY GAGE EXECUTIVE DIRECTOR	40.00	Λ			Х			11,173.		0.			0.
	 	-											
		-											
		-											
							>	0. 11,173.		0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_						<u> </u>	11,173.		0.			0.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 0.		d al	oove	e) who	re	ceived more than	\$100,000	of			
O Did the considerable list on former officers				-1-				lavas as bishasa		-4		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	If	"Yes	,"	complete Schedu	le J for		4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	rom	any	un	related organization	on or indivi		5		X
Section B. Independent Contractors													
1 Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) compens		

Name and business address	Description of services	Compensation

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

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	III		
				(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 c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	147,702.				
	h	Total. Add lines 1a-1f		147,702.			
Program Service Revenue	2a b c d	All other previous continues	Business Code				
Pro	f g	All other program service revenue		0.			
4	3	Investment income (including dividen and other similar amounts). Income from investment of tax-exempt bond	ds, interest,	0.			
	5	Royalties		0.			
	6a b c	Gross rents	(ii) Feisoriai				
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory	(ii) Other	0.			
	c d	Less: cost or other basis and sales expenses		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
ther R		See Part IV, line 18 a Less: direct expenses b	62,789. 8,918.				
0	C	Net income or (loss) from fundraising events		53,871.			
	9a	Gross income from gaming activities. See Part IV, line 19	0.				
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0.			
		Gross sales of inventory, less returns and allowances a	172,285.				
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		136,154.	136,154.		
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С	All add an annual					
	d	All other revenue		0.			
	12	Total. Add lines 11a-11d		337,727.	136,154.		
					-,		

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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	77,709.	23,312.	38,855.	15,542.
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	166,867.	154,286.	10,736.	1,845.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	10,922.	8,374.	1,820.	728.
10 Payroll taxes	18,795.	13,648.	3,811.	1,336.
11 Fees for services (non-employees):				
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				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	3,979.	3,979.		
15 Royalties	0.			
16 Occupancy	3,903.	3,903.		
17 Travel	0.			
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	1,562.	1,562.		
22 Depreciation, depletion, and amortization	8,102.	8,102.		
23 Insurance ATCH 1	0,102.	0,102.		
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aSHOP SUPPLIES-NONRECURRING	16,201.	16,201.		
hPROGRAM SERVICE COSTS	6,989.	6,989.		
cTAXES	10,217.	10,217.		
dPAYROLL SERVICES	3,063.	2,224.	621.	218.
e All other expenses	11,509.	8,942.	483.	2,084.
25 Total functional expenses. Add lines 1 through 24e	339,818.	261,739.	56,326.	21,753.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

	III A	Check if Schedule O contains a response or note to any line in this P	art X		
		Check if Schedule O contains a response of note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	286,779.	1	131,495.
	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 current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
ASS	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 130, 317.			
	b	Less: accumulated depreciation 10b 1,562.	0.	10c	128,755.
	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.		0.
	14	Intangible assets	0.	1.7	0.
	15	Other assets. See Part IV, line 11	0.		0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	286,779.		260,250.
	17	Accounts payable and accrued expenses		17	0.
	18	Grants payable	0.		0.
	19	Deferred revenue		19	0.
	20	Tax-exempt bond liabilities	0.		0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and	0		0
-ja		disqualified persons. Complete Part II of Schedule L	0.		0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.		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
		of Schedule D	0.	25	0.
_	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
Ş		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	-	108,367.	27	214,646.
ala	28	Unrestricted net assets Temporarily restricted net assets	178,412.	28	45,604.
В В	29	Permanently restricted net assets	0.	29	0.
ڃ		Organizations that do not follow SFAS 117 (ASC 958), check here		23	
P.		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	286,779.	33	260,250.
	34	Total liabilities and net assets/fund balances	286,779.	34	260,250.

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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			37,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2			39,8		
3	Revenue less expenses. Subtract line 2 from line 1	3			-2,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	86,7	779.	
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		_	24,4	138.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10							
	33, column (B))						
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," 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 con	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 audi	ted or	n a				
	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	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc	counta	nt?	2c			
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in				
	Schedule O.	-					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?		[3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

PHOENIX BIKES 20-8842260 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied 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 governmental unit publicly or 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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (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 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 2018 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

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Schedule A (Form 990 or 990-EZ) 2018 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	98,397.	130,455.	150,731.	310,665.	210,491.	900,739.
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	173,004.	179,191.	197,812.	196,588.	172,285.	918,880.
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.	15,600.		62,400.
6	Total. Add lines 1 through 5	287,001.	325,246.	364,143.	522,853.	382,776.	1,882,019.
	Amounts included on lines 1, 2, and 3		,	552,235		332,113	
	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						
	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 8	Add lines 7a and 7b						<u>.</u>
0	''						1,882,019.
Sac	tion B. Total Support						1,002,013.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		287,001.	325,246.	364,143.	522,853.	382,776.	1,882,019.
9 10 a	Amounts from line 6 Gross income from interest, dividends,	207,001.	323,240.	304,143.	322,033.	302,770.	1,002,019.
···	payments received on securities loans,						
	rents, royalties, and income from similar						
	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	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.)	287,001.	325,246.	364,143.	522,853.	382,776.	1,882,019.
14	First five years. If the Form 990 is for	•			•		` ` ` ` _
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Supp						100.00
15	Public support percentage for 2018 (line 8,	٠,	•			. 15	100.00%
16	Public support percentage from 2017 Sche					16	100.00%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment income percentage for 2018 (lin	,		,		17	<u></u> %_
18	Investment income percentage from 2017 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	ganization did no	ot check the box	on line 14, and	line 15 is more	e than 331/3%, a	
	17 is not more than 331/3 %, check this	is box and stop	here. The orga	nization qualifies	as a publicly	supported organiz	zation . ► X
b	331/3% support tests - 2017. If the orga	nization did not	check a box on li	ine 14 or line 19	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than $331/3\%$, check	this box and st	op here. The org	janization qualifie	s as a publicly	supported organiz	zation 🕨 💹
20	Private foundation. If the organization	did not check a	a box on line 1	4. 19a. or 19b.	check this bo	x and see instru	ictions >

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Schedule A (Form 990 or 990-EZ) 2018 Page 4

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.)

Section A. All Supporting Organizations

- 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 l class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(I purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Schedule A (F

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Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Part	IV 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		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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).			
Socti	ion D. All Type III Supporting Organizations	1		
Jecu	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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.	24		
_		2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the arganization have the payor to regularly appoint or elect a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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 qualifyin			
instructions. All other Type III non-functionally integrated supporting organi	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-functional	ly integra	ated Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (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 exer	npt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo						
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 2018 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-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
C	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2018 distributable amount						
<u>i</u> _	Carryover from 2013 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$ Applied to underdistributions of prior years						
a	Applied to underdistributions of prior years Applied to 2018 distributable amount						
b	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
J	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
•	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
-	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						
е	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Schedule A (Form 990 of 990-LZ) Z

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

SCHEDULE 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

PHC	DENIX BIKES		20-8842260
Pa	organizations Maintaining Donor Adv		Accounts.
	Complete if the organization answered		
		(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 dono	r advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control? .	Yes . No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or for a	iny other purpose
	conferring impermissible private benefit?		Yes . No
Pa	art II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., red	creation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld 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 easement		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tra	insferred, released, extinguished, or termin	nated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		-
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
•			an 470/h)/4)/D)/i)
8	Does each conservation easement reported on line		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports	a conservation conservation its revenue and	Yes No
9	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easeme		iai statements that describes the
Pa	art III Organizations Maintaining Collection		r Similar Assets.
	Complete if the organization answered		
1a			revenue statement and halance sheet
ıu	If the organization elected, as permitted under S works of art, historical treasures, or other simil	lar assets held for public exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the f	rootnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under		
	works of art, historical treasures, or other simil public service, provide the following amounts relative to the service of th		cation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line	<u> </u>	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
-	following amounts required to be reported under s		
а			
b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **2**

Pa	rt Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures	, or	Other	Similar A	Assets (d	continue	d)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	k any of	f the	follow	ing that a	re a sigr	ificant u	se of	its
	collection items (check all that app	ly):											
а	Public exhibition			d	Loan	or excha	nge	prograi	ms				
b	Scholarly research			е	Other								
С													
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	ther	the or	ganization's	s exemp	purpose	in F	art
	XIII.												
5	During the year, did the organization	n solicit (or receive o	donations o	f art, histo	orical tre	easu	res, or	other simil	ar			
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	Part IV Escrow and Custodial Arrangements.												
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
	<u> </u>		Para and		P C			()					
1 а	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?												
										L	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	II and comp	olete the fo	llowing tab	ole:							
	Amount												
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an am										Yes		No
	If "Yes," explain the arrangement in	n Part XII	II. Check h	ere if the e	xplanation	has bee	en pr	ovided	on Part XIII	·			
Pa	rt V Endowment Funds.												
	Complete if the organiza			1									
		(a) Cu	rrent year	(b) Prio	r year	(c) Two	year	s back	(d) Three ye	ears back	(e) Four y	ears ba	ıck
1a	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		rrent vear	end balanc	e (line 1a.	column	(a))	held as	•				
а	Board designated or quasi-endown	nent >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	%	- (1.9,		(//						
b	Permanent endowment ▶			_									
С	Temporarily restricted 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	ne organiza	ation that	are held	d and	d admir	istered for	the			
	organization by:										Y	es l	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u												
Pa	rt VI Land, Buildings, and Equ	uipment.											_
	Complete if the organiza	ation ans											
	Description of property		(a) Cost or (inves		(b) Cost (or other ba ther)	sis		cumulated eciation	(d) Book valu	е	
1a	Land		,	/	, ,	- /							
b	Buildings												
c	Leasehold improvements				1	.00,39	3.		537.		9	9,85	6.
d	Equipment.					29,92	_		1,025.			8,89	
ч 2	Other					- ,	+		,,,			,	
Tota	I Add lines 1a through 1e (Column		t equal For	n 990 Part	X colum	n (B) lin	e 10	c)	.		12	8.75	5

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 1	1b See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuatost or end-of-year mark	tion:
(1) Financia	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			N D (N / P 4 .	4. O. F	D : 1 V P : 10
	Complete if the organization answered), Part IV, line 1		
	(a) Description of investment	(b) Book value	C	(c) Method of valua ost or end-of-year mark	
_(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990), Part IV, line 1	1d. See Form 990	, Part X, line 15.
	(a) De	scription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		<u> </u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 1	1e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l		
	ral income taxes	(b) Book van			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•			
	or uncertain tax positions. In Part XIII, provide the		e organization's fina	ncial statements that re	enorts the
- Liability IC	in universalli tax positions. Ili i art Airi, provide the	toke of the foothfole to the	o organization o illia	now statements that le	,poi 13 11 16

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

Schedule D (Form 990) 2018 Page **4**

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
	Total expenses and losses per audited financial statements	1	
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
2 a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses		
d	Other (Describe in Part XIII.)		
e	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		
-	Other (Describe in Part XIII.)		
b			
b c	Other (Beschibe in Fact Am.)	4c	
с 5	Add lines 4a and 4b	4c 5	
c 5 Part	Add lines 4a and 4b	5	
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne
5 Part Provid	Add lines 4a and 4b	5 art V, line 4; Part X, li	ne

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Schedule D (Form 990) 2018

 Schedule D (Form 990) 2018
 PHOENIX BIKES
 20-8842260
 Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

d

In-person solicitations

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 instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number PHOENIX BIKES 20-8842260 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II 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 (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Page 2

	Inolinia bialo	20 00		_
Sched	lule G (Form 990 or 990-EZ) 2018			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			
	records:			
	Name ►			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ▶ \$			
С				
	Name ▶			
	· · · · · · · · · · · · · · · · · · ·			
	Address ►			
16	Gaming manager information:			
. •				
	Name ▶			
	Name ►			
	Gaming manager compensation ▶\$			
	Description of services provided ▶			
	Boompton of controls promote p			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pr	nceeds to)	
u	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt orc			
D	or spent in the organization's own exempt activities during the tax year > \$	ariizations	•	
Par		hae (iii) a	(v) and	
rai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions).	Jilai IIIIUI	mauon	
	(000 mondono).			

Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PHOENIX BIKES

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

► Attach to Form 990.

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

Employer identification number

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	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles.							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(USED BIKES)	X	800.					
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, lines	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accept	ance policy that require	es the review of any i	nonstandard			
	contributions?					31		X
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash			
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2**

Part II Supplement

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.

Schedule M (Form 990) (2018)

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEADERSHIP SKILLS, AND SERVE OTHERS.

PHOENIX BIKES

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

Employer identification number 20-8842260

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

- 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 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 2018, 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 REPSONSIBLE 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
990 WHICH IS AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. ALL

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

OTHER PUBLIC INFORMATION CAN BE OBTAINED BY SENDING A WRITTEN REQUEST TO THE CHAIR OF THE BOARD AT THE ORGANIZATION'S MAILING ADDRESS.

ATTACHMENT 1

PHOENIX BIKES

7	n	4	0
Z	u		О

Descript	ion of Property
GENERAL	DEPRECIATION

DEPRECIATION Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LEASEHOLD IMPROVEM	10/01/2018		100.000	III Dasis	Reduction	100,393.	depreciation	537.	SL		39.000	ciass	39	expense	537
BIKE RACKS	10/01/2018		100.000			9,007.			150DB		7.000		7		241
DIKE KACKS	10/01/2010	3,007.	100.000			5,007.		241.	13000	MQ	7.000				211
Less: Retired Assets															
Subtotals		109,400.				109,400.		778.							778
Listed Property															
VAN	10/04/2018	20,917.	1.00000			20,917.		784.	150DB	MQ	5.000		5		784
Less: Retired Assets															
Subtotals		20,917.				20,917.		784.							784
TOTALS		130,317.				130,317.		1,562.							1,562
AMORTIZATION			1												
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization

*Assets Retired

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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 20**18**

Attachment Sequence No. **179**

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

PHOENIX BIKES

Identifying number

Business or activity to which this form relates

20-8842260

	ess of activity to which										
	NERAL DEP										
Par			Sertain Property l sted property, con			you con	nplete Pa	ırt I.			
1	Maximum amount	(see instructions)								1	
			aced in service (see in							2	
3	Threshold cost of s	section 179 proper	rty before reduction in	n limitation (se	e instructio	ns)				3	
			3 from line 2. If zero o							4	
5 [Dollar limitation for tax y separately, see instruction	rear. Subtract line 4 from	n line 1. If zero or less, enter	·0 If married filing						5	
6		(a) Description				usiness use c		(c) Electe	d cost		
7	Listed property. En	iter the amount fro	m line 29				7				
			perty. Add amounts i							8	
9	Tentative deduction	n. Enter the smalle	r of line 5 or line 8							9	
			om line 13 of your 20							10	
			e smaller of business							11	
12	Section 179 expens	se deduction. Add	l lines 9 and 10, but of	don't enter mo	ore than line	e 11				12	
			2019. Add lines 9 ar				13				
Note:	Don't use Part II	or Part III below fo	or listed property. Instea	ad, use Part V							
Par	t	Depreciation A	Ilowance and Ot	her Deprec	iation (D	on't inclu	de listed p	roperty	/. Se	e inst	ructions.)
	-	<u> </u>	or qualified property								
	•			•		,	•			14	
			election							15	
										16	
Par	t III MACRS I	Depreciation (I	Don't include listed	property. S	ee instruc	tions.)					
		•			tion A						
17 [MACRS deductions	s for assets place	d in service in tax yea	rs beainnina b	efore 2018					17	
			assets placed in ser								
				-	-						
			Placed in Service						eciat	ion S	ystem
	(a) Classification	of property	(b) Month and year placed in service	(c) Basis for (business/involv - see in	estment use	(d) Recove	(e) Conv	ention	(f) M	ethod	(g) Depreciation deduction
19a	3-year property		SEE	ĺ	,						
b	5-year property		DETAIL								
С	7-year property				9,007.	7.000	0 MQ)	15	0DB	241.
d ´	10-year property										
е ′	15-year property										
f 2	20-year property										
g 2	25-year property					25 yrs.			S	/L	
h l	Residential rental					27.5 yrs.	. MN	Л	S	/L	
F	oroperty					27.5 yrs.	. ММ	Л	S	/L	
	Nonresidential real		10/01/2018	10	0,393.	39 yrs.	MM	Л	S	/L	537.
	oroperty						MM	Л	S	/L	
	Secti	ion C - Assets P	Placed in Service D	uring 2018	Tax Year	Using the	e Alternat	ive De	oreci	ation	System
20a (Class life								S	/L	
b	12-year					12 yrs.			S	/L	
	30-year					30 yrs.	MM	Л		/L	
	40-year					40 yrs.	MM	Л		/L	
	t IV Summary	/ (See instructi	ions.)	1			<u> </u>				1
	Listed property. En	,	· · · · · · · · · · · · · · · · · · ·							21	784
			lines 14 through 17	7. lines 19 a	nd 20 in	column (a)), and line	21. Fn	ter	<u> </u>	
ŀ	here and on the app	propriate lines of y	our return. Partnershi ed in service during ection 263A costs	ps and S corp	orations - s	see instruct				22	1,562
For P	aperwork Reducti		e separate instruction			4					Form 4562 (2018
JSA	8X2300 1.000										\

20-8842260 Form 4562 (2018) Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? 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 -784 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.

30	Total business/investment miles driven during the year (don't include commuting miles)		a) icle 1		b) icle 2		c) icle 3		d) icle 4		e) icle 5	1	f) icle 6
31	Total commuting miles driven during the year .												
32	Total other personal (noncommuting) miles driven												
33	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								
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	Yes	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.		

Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year
42	Amortization of costs that begins dur	ing your 2018 tax	year (see instructions):				
43	Amortization of costs that began before	ore your 2018 tax y	/ear		L	43	
44	Total. Add amounts in column (f). Se	ee the instructions	for where to report	<u> </u>		44	

Form 4562 (2018)

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Description of Property

GENERAL DEPRECIATION

DEPRECIATION

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	Current-year 179 expense	Current-year depreciation
	0/01/2018		100.000			100,393.	·	537.	SL	MM	39.000		39	·	537
BIKE RACKS 10	0/01/2018	9,007.	100.000			9,007.		241.	150DB	MQ	7.000		7		241
Less: Retired Assets															
Subtotals		109,400.				109,400.		778.							778
Listed Property															
VAN 10	0/04/2018	20,917.	100.000			20,917.		784.	150DB	MQ	5.000		5		784
Less: Retired Assets															
Subtotals		20,917.				20,917.		784.]						784
		130,317.				130,317.		1,562.							1,562
AMORTIZATION		130,311.				130,317.	1	1,302.							1,362
AWONTIZATION	Date	Cost						Ending							
Accet description	placed in	or					Accumulated	Accumulated	C = 4 -	1 :4 -					Current-year
Asset description	service	basis					amortization	amortization	Code	Life	•				amortization
TOTALS															

*Assets Retired

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