| Form 9 |
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** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

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



| Department of the Treasury Internal Revenue Service G to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
|--|--------------------------|------------------|--|---------------|--|-------------------------------------|--|
| AF | For th | e 2020 calend | ar year, or tax year beginning and | ending | | | |
| | Check if applicab | ole: C Name o | forganization | | D Employer identific | ation number | |
| | Addre | ess ge PHOE | NIX BIKES | | | | |
| | Name | e ge Doing b | usiness as | | 20-884226 | 0 | |
| | Initial returr | Number | and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | |
| | Final returr termi | | S. DINWIDDIE ST. | | 703-575-7 | | |
| | ated Amer | City or t | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 620,100. | |
| | returr Appli | | NGTON, VA 22204 | | H(a) Is this a group ret | | |
| | tion pend | F Name a | nd address of principal officer: EMILY GAGE • DINWIDDIE STREET, ARLINGTON, VA | 2220 | for subordinates? H(b) Are all subordinates inc | ····· = = | |
| | | empt status: [| | or 🗌 527 | If "No," attach a li | st. See instructions | |
| | | , | PHOENIXBIKES.ORG | | H(c) Group exemption | | |
| | | | X Corporation ☐ Trust ☐ Association ☐ Other ► | L Year | of formation: 2007 M | State of legal domicile: VA | |
| Pa | art I | Summary | | | | | |
| ø | 1 | | be the organization's mission or most significant activities: | | | | |
| Governance | | | UTH BUILD PASSION, PURPOSE, AND A | | | | |
| ern | 2 | | x if the organization discontinued its operations or disposed in the second secon | | | | |
| Š | 3 | | | | | <u> 18</u> 18 | |
| | 1 . | | dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2020 (Part V, line 2a) | | | 10 | |
| Activities & | 5 | | | 61 | | | |
| ĬŽ | 6 | Total number | | | | | |
| Act | | | | | | 0. | |
| | b | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u> </u> | | | |
| | | O and the diama | | | Prior Year 172,853. | <u>Current Year</u> 423,660. | |
| ne | 8 | | and grants (Part VIII, line 1h) | | 0. | 425,000. | |
| Revenue | 9 | • | ice revenue (Part VIII, line 2g) | | 0. | <u> </u> | |
| Be | 10 | | come (Part VIII, column (A), lines 3, 4, and 7d) | | ÷ - | | |
| _ | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 196,986. | 28,417. | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 369,839. | 452,084. | |
| | 13 | | milar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | |
| | 14 | • | to or for members (Part IX, column (A), line 4) | | 0. | 0. | |
| es | 15 | | r compensation, employee benefits (Part IX, column (A), lines 5-10) | | 281,191. | 301,877. | |
| Expenses | 16a | | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | |
| ă | b | | ing expenses (Part IX, column (D), line 25) | | 05 215 | | |
| ш | 17 | | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 95,315. | 85,152. | |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 376,506. | 387,029. | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -6,667. | 65,055. | |
| Net Assets or | | | | Be | eginning of Current Year | End of Year | |
| Sset | 20 | | Part X, line 16) | | 253,583. | 397,710. | |
| et A | 21 | | s (Part X, line 26) | | 0. | 79,072. | |
| | | Net assets or | fund balances. Subtract line 21 from line 20 | | 253,583. | 318,638. | |
| | art II | Signatur | | | and and the last of the last o | and the second second second second | |
| | | | I declare that I have examined this return, including accompanying schedule. | | | knowledge and belief, it is | |
| irue, | , corre | ci, and complete | . Declaration of preparer (other than officer) is based on all information of w | nich preparer | nas any knowledge. | | |
| | | | | | 1 | | |

| Sign | Signature of officer | Date | | | | | | | | |
|------------|---|--------------------|-------------------------|---------|--|--|--|--|--|--|
| Here | ▶ EMILY GAGE, EXECUTIVE DIRECTOR | | | | | | | | | |
| | Type or print name and title | | | | | | | | | |
| | Print/Type preparer's name Preparer's signature Date PTIN | | | | | | | | | |
| Paid | JOAN M. RENNER CPA JOAN M. RENNER CPA 11/10/21 self-employed P00456765 | | | | | | | | | |
| Preparer | Firm's name RENNER AND COMPAN | IY CPA, P.C. | Firm's EIN ▶ 54-1498950 | | | | | | | |
| Use Only | Firm's address 500 NORTH FAIRFAX | X STREET SUITE 400 | | | | | | | | |
| | ALEXANDRIA, VA 22314 Phone no. (703) 535-120 | | | | | | | | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | |
| | IIIA For Denominaria Deduction Act Natio | | | <u></u> | | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

| Far | t III Statement of Program Service Accomplishments | |
|--------|--|----|
| | Check if Schedule O contains a response or note to any line in this Part III | Х |
| 1 | Briefly describe the organization's mission: | |
| | HARNESSING THE POWER OF BIKES TO HELP YOUTH BUILD PASSION, PURPOSE, | |
| | AND A PLACE IN THE COMMUNITY. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| - | | Na |
| | | NU |
| _ | 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? | NC |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | | • |
| | YOUTH AND COMMUNITY PROGRAMS: | |
| | WE WELCOMED YOUTH AGES 12-17 AND TAUGHT THEM MECHANICAL SKILLS TO BUILD | |
| | AND REHABILITATE BICYCLES; ENCOURAGED PERSEVERANCE, PROBLEM SOLVING, | |
| | RESPONSIBILITY, AND HARD WORK AS A PATH TO EARNING THEIR OWN BIKE; | |
| | PROVIDED OPPORTUNITIES TO WORK IN OUR STOREFRONT; AND EMPOWERED THEM | |
| | WITH THE CONFIDENCE AND SENSE-OF-SELF TO FIND THEIR PLACE IN THE WORLD. | |
| | IN 2020, OVER 196 STUDENTS SPENT OVER 1,700 HOURS LEARNING AND | |
| | VOLUNTEERING IN OUR PROGRAMS. THIS INCLUDED 37 STUDENTS WHO COMPLETED | |
| | | |
| | OUR FOUNDATIONAL EARN-A-BIKE PROGRAM IN WHICH THEY LEARNED THE BASICS | |
| | OF BICYCLE REPAIR, PRACTICED THEIR SKILLS BY FIXING A BIKE FOR A | |
| | COMMUNITY MEMBER IN NEED, AND REFURBISHED A BIKE TO KEEP. | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ 0 .) (Revenue \$ 30 , 280 | • |
| | JOB TRAINING AND SHOP OPERATIONS: | |
| | THE BIKE SHOP SERVES AS A VENUE FOR TEACHING YOUTH BASIC JOB SKILLS AND | |
| | BUSINESS SKILLS SUCH AS THE ECONOMICS OF BICYCLE PRODUCTION, REPAIR AND | |
| | SALES AND OFFERING CAREER DEVELOPMENT OPPORTUNITIES. THROUGH OUR | |
| | FULL-SERVICE BIKE SHOP, WE WORKED HARD TO KEEP BIKING ACCESSIBLE TO ALL | |
| | BY OFFERING THE MOST AFFORDABLE SELECTION OF BOTH USED BIKES AND BIKE | |
| | PARTS IN THE DC METRO AREA AND BY PROVIDING LOW-COST, HIGH QUALITY | |
| | CUSTOMER REPAIRS. OUR TEAM REPAIRED OVER 850 BIKES FOR COMMUNITY | |
| | MEMBERS AND REFURBISHED AND SOLD 505 DONATED BIKES, KEEPING THEM OUT OF | |
| | LANDFILLS AND ON AREA BIKE TRAILS AND ROADS INSTEAD. | |
| | TRADITIED AND ON AREA DIRE TRAILS AND ROADS INSTEAD. | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) | |
| | | |
| | | |
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| | | _ |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 290,638. | |
| | Form 990 (2 | 02 |
| | | |
| \$2002 | SEE SCHEDULE O FOR CONTINUATION(S) | |
| 32002 | SEE SCHEDULE O FOR CONTINUATION(S) 3 | |

| Form | aan | (2020) |
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Form 990 (2020) PHOENIX BIKES
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? | 2 | Х | <u> </u> |
| 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 | | <u> </u> |
| 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 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | 37 |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| - | 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, | _ | | v |
| • | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | х |
| 0 | Schedule D, Part III | 8 | | - 23 |
| 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 courseling, debt management, credit repair, or debt negotiation services? | | | |
| | 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 | | | х |
| 10 | It "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| •• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | Part VI | 11a | х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u>X</u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _X_ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | v | |
| | 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," | | | v |
| 00 | complete Schedule G, Part III | 19 | | X X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| | 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 approximation of Rate IX, column (A), line 12, if IV/column (A) approximation of the second domestic approximation of | 0.4 | | v |
| 00000 | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | 990 | X (2020) |
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| Form | aan | (2020) |
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Form 990 (2020) PHOENIX BIKES
Part IV Checklist of Required Schedules (continued)

| | · | | | | |
|----------|--|-------------|------|-------------|--|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No | |
| LL | 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 | LL | | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | | |
| | Schedule J | 23 | | x | |
| 24 2 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 25 | | | |
| 270 | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | | |
| | | 24a | | x | |
| h | Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 240 | | | |
| C | | 24c | | | |
| Ь | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | ZTU | | | |
| 254 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x | |
| h | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | | |
| D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete | | | | |
| | | 25b | | x | |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | |
| | | 26 | | x | |
| 27 | | 20 | | - 23 | |
| 21 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27 | | x | |
| 00 | | 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): | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 28a | | x | |
| h | "Yes," complete Schedule L, Part IV | 20a 28b | | X | |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 200 | | - 23 | |
| C | | 28c | | x | |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | - 23 | |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | - 23 | | |
| 30 | | 30 | | x | |
| 31 | contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> | 31 | | X | |
| 32 | Did the organization requidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | - 23 | |
| 32 | | 32 | | x | |
| 22 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | - 23 | |
| 33 | | 33 | | x | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | - 23 | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x | |
| 25.2 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 55 4 | | <u> </u> | |
| U | 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? | 000 | | | |
| 00 | | 36 | | x | |
| 37 | <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 00 | | <u> </u> | |
| 57 | 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? | 51 | | | |
| | · · · · · · · · · · · · · · · · · · · | 38 | х | | |
| Par | | 55 | | I | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| | | | Yes | No | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 | | 100 | 110 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | | |
| Ŭ | (gambling) winnings to prize winners? | 1c | х | | |
| 032004 | 1 12-23-20 | | | (2020) | |
| | | | | · · · · · / | |

| Form | 990 (2020) PHOENIX BIKES 20-8842 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 20-8842 | 260 | P | age 5 | | | | | | |
|----------|---|-----|---------|--------------|--|--|--|--|--|--|
| | | | Vee | Na | | | | | | |
| 0- | Enter the number of employees reported on Form W.G. Transmittel of Wess and Tay Statements | | Yes | No | | | | | | |
| Za | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 11 | | | | | | | | | |
| b | | 2b | х | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 20 | <u></u> | | | | | | | |
| 20 | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions) | | | | | | | | | |
| | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | | | | | | | |
| | | | | | | | | | | |
| чa | 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 | | | | | | |
| h | If "Yes," enter the name of the foreign country | та | | | | | | | | |
| D | 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 | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | | |
| 04 | 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 | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | x | | | | | | |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | <u> </u> | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans 13b | | | | | | | | | |
| | Enter the amount of reserves on hand 13c | | | 77 | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X X | | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4- | | v | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | | |
| 40 | If "Yes," see instructions and file Form 4720, Schedule N. | 40 | | x | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | |

Form **990** (2020)

032005 12-23-20

| - orm | 990 (2020) PHOENIX BIKES | | 20-88 | | | | age |
|--------------|---|------------|-------------------|---------|--------|------------|------|
| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough | 7b below, and f | or a "N | lo" re | spons | se |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O | . See ii | nstructions. | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | <u></u> | | | Σ |
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | L | | | Yes | N |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 18 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 18 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | iny other | | | | |
| | officer, director, trustee, or key employee? | | | L | 2 | | Σ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | L | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | | | | 4 | | Σ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | L | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | L | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point o | one or | | | | |
| | more members of the governing body? | | | L | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | ders, or | | | | |
| | persons other than the governing body? | | | L | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by the | following: | | | | |
| а | The governing body? | | | L | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | ched a | t the | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | |
| | | | | _ | | Yes | N |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | L | 10a | | Σ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters | affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | L | 10b | | |
| 1 1 a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y befor | e filing the form | ? [| 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | L | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conf | licts? | L | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? // " | /es." de | escribe | | | | |
| | in Schedule O how this was done | · | | L | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | | [| 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | | | 14 | | Х |
| 5 | Did the process for determining compensation of the following persons include a review and approva | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| | Other officers or key employees of the organization | | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | ··· - | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent w | th a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | F | | | |
| - | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | • | • | | | | |
| | exempt status with respect to such arrangements? | | | - 1 | 16b | | |
| Sec | tion C. Disclosure | | | | 10.5 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | T (Section 501) | c)(3)s | only) | availa | hla |
| .0 | for public inspection. Indicate how you made these available. Check all that apply. | 10 000 | | 0)(0)3 | Orny) | avana | |
| | X Own website Another's website X Upon request Other (explain | | hadula () | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | and f | financ | | |
| 13 | statements available to the public during the tax year. | inner o | r interest policy | , and i | man | Jai | |
| 20 | Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo | ke one | | | | | |
| .0 | THE ORGANIZATION - 703-575-7762 | ND GUO | | | | | |
| | 909 S. DINWIDDIE ST., ARLINGTON, VA 22204 | | | | | | |
| | · · · · | | | | Form | 990 | (00) |
| 12006 | 7 12-23-20 7 | | | | LOUI | 550 | (20) |
| 11 | 10 783690 21025.001 2020.05000 PHOENIX | ישדם | ra | | | 21 | ٥r |
| · T T | 10 /05090 21025.001 2020.05000 PHOENIX | ואדם | CI. | | | Z 1 | 02 |

20-8842260 Page 6

| Form 990 (2020) | PHOENIX BIKES | 20-8842260 | Page 7 | | | | | |
|--|--|------------------------------|--------|--|--|--|--|--|
| Part VII Compensatio | on of Officers, Directors, Trustees, Key Em | ployees, Highest Compensated | | | | | | |
| Employees, a | Ind Independent Contractors | | | | | | | |
| Check if Schedule | e O contains a response or note to any line in this Part V | ۹I | | | | | | |
| Section A. Officers, Directo | ors, Trustees, Key Employees, and Highest Compens | sated Employees | | | | | | |
| 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | | |

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|-----------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | Position | | Reportable | Reportable | Estimated | | | |
| | hours per | box | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | |
| | week | | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | irecto | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | l trus | | ee | npen | | (00-2/1099-00130) | | and related |
| | below | dual t | utiona | _ | nploy | st cor | 1 | | | organizations |
| | line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | | | o.gam_anono |
| (1) EMILY GAGE | 40.00 | | _ | | | | | | | |
| EXECUTIVE DIRECTOR | | | | х | | | | 75,854. | Ο. | 0. |
| (2) MEGAN JONES | 0.73 | | | | | | | | | |
| CHAIR | | х | | х | | | | 0. | Ο. | 0. |
| (3) DEIRDRE MULLALY | 1.10 | | | | | | | | | |
| VICE CHAIR | | х | | х | | | | 0. | Ο. | 0. |
| (4) SAMANTHA BRANN | 0.29 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | Ο. | 0. |
| (5) JOSEPH CORBETT | 0.26 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | Ο. | 0. |
| (6) PANCHO BATE | 0.84 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | Ο. | 0. |
| (7) LIBBY GARVEY | 0.09 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) HEATHER PRITCHETT | 1.02 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) GITA REDDY | 2.77 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) KAITLIN SHARPE | 0.80 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) STEPHEN CLAEYS | 1.44 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) JON LEVINE | 0.14 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) TIM SLAPE | 0.50 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) MICHALE MCCOMIS | 0.50 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (15) ARUNA MINHAS | 0.50 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (16) CHRIS RANDLE | 0.50 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (17) JOSEPH VALERIO | 0.50 | | | | | | | | _ | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| 032007 12-23-20 | | | | | | | | | | Form 990 (2020) |

032007 12-23-20

8

| Form 990 (2020) PHOENIX I | BIKES | | | | | | | | 20-88 | 422 | 260 | Pa | age 8 |
|---|--|--|------------------------|---------|------------------|---------------------------------|---|--|---------------------------------|--|--------------------|--|---------------|
| Part VII Section A. Officers, Directors, Trus | | ploye | ees, | | | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | than c s both | an | (D) Reportable compensation from | (E) Reportable compensation from related | 1 | (F) Estimated amount of other | | | |
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key em ployee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | C) | fro orga anc | pensat om the anizati I relate nizatio | e on ed |
| (18) HENRY DUNBAR | 1.70 | | | | | | | | | | | | |
| MEMBER THROUGH DEC 2020 | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) JOAN HOLTZ MEMBER THROUGH DEC 2020 | 0.63 | x | | | | | | 0. | | 0. | | | Ο. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 75,854. | | 0. | | | 0. |
| c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) | | | | | | | | 0.75,854. | | <u>0.</u> 0. | | | 0. |
| 2 Total number of individuals (including but n compensation from the organization ▶ | | | | | | | o re | eceived more than \$100, | 000 of reportable | | | | 0 |
| | | | | _ | | | | | | Г | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | - | | | • | - | | Ŭ | • • • | • | | 3 | | х |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportable | e co | mpe | ensat | tion | and | oth | ner compensation from the | ne organization | | 4 | | х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>corr</i> | | | | | | | | | | | 5 | | х |
| Section B. Independent Contractors | | | | | | | - +1 | | 100 000 of come | | | | |
| Complete this table for your five highest co the organization. Report compensation for | • | • | | | | | | | • | ensati | on tro | m | |
| (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | Co | (C omper |) Isatior | ı |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (in \$100,000 of compensation from the organized statement of | • | ot lin | nitec | d to t | thos 0 | | ted | above) who received mo | ore than | | | | |
| wroo,ooo or compensation nom the organi | | | | | | | | | | | | | |

032008 12-23-20

| | | | 2020) PHOENIX BIKES | 5 | | | 20-8842 | 260 Page 9 |
|---|------|--------|---|---------------------|-----------------------------|--|---|---|
| Pa | rt V | /111 | Statement of Revenue | | | | | |
| | | | Check if Schedule O contains a response | or note to any line | e in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| S S | 1 | а | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | - | | Membership dues 1b | | | | | |
| n Gr | | | Fundraising events 1c | 94,209. | | | | |
| ifts r A | | | Related organizations 1d | | | | | |
| nila, | | | Government grants (contributions) 1e | | | | | |
| Sir | | | All other contributions, gifts, grants, and | | | | | |
| utio | | • | similar amounts not included above 1f | 329,451. | | | | |
| trib Otl | | a | Noncash contributions included in lines 1a-1f | 118,825. | | | | |
| u o | | - | Total. Add lines 1a-1f | | 423,660. | | | |
| o a | | n | Total: Add lines Ta-11 | Business Code | 425,000. | | | |
| | ~ | _ | | Business Code | | | | |
| rice | 2 | a L | | | | | | |
| erv ue | | b | | | | | | |
| am Ser evenue | | C | | | | | | |
| jrar Re∖ | | d | | | | | | |
| Program Service Revenue | | e | | | | | | |
| Δ. | | | All other program service revenue | | | | | |
| | - | | Total. Add lines 2a-2f | | | | | |
| | 3 | | Investment income (including dividends, inter | | 7 | | | - |
| | | | other similar amounts) | | 7. | | | 7. |
| | 4 | | Income from investment of tax-exempt bond p | 1 | | | | |
| | 5 | | Royalties | 🕨 | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 | | Gross rents 6a | | | | | |
| | | | Less: rental expenses 6b | | | | | |
| | | С | Rental income or (loss) 6c | | | | | |
| | | d | Net rental income or (loss) | | | | | |
| | 7 | а | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | | assets other than inventory 7a | | | | | |
| | | b | Less: cost or other basis | | | | | |
| anı | | | and sales expenses 7b | | | | | |
| venue | | С | Gain or (loss) 7c | | | | | |
| Re | | d | Net gain or (loss) | 🕨 | | | | |
| Other Re | 8 | а | Gross income from fundraising events (not | | | | | |
| đ | | | including \$ 94,209. of | | | | | |
| | | | contributions reported on line 1c). See | | | | | |
| | | | Part IV, line 18 8a | | | | | |
| | | b | Less: direct expenses 88 | 10,914. | | | | |
| | | с | Net income or (loss) from fundraising events | ► | -1,863. | | | -1,863. |
| | 9 | | Gross income from gaming activities. See | | | | | |
| | | | Part IV, line 19 9a | a | | | | |
| | | b | Less: direct expenses | | | | | |
| | | | Net income or (loss) from gaming activities | | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances 10 | a187,382. | | | | |
| | | b | | b157,102. | | | | |
| _ | | | Net income or (loss) from sales of inventory | | 30,280. | 30,280. | | |
| | | | | Business Code | | | | |
| snc | 11 | а | | | | | | |
| nec | | b | | | | | | |
| ella sve | | с | | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | | |
| Σ | | | Total. Add lines 11a-11d | | | | | |
| | 12 | | Total revenue. See instructions | | 452,084. | 30,280. | 0. | -1,856. |
| 03200 | | | | ····· • | - | | | Form 990 (2020 |

PHOENIX BIKES Part IX Statement of Functional Expenses

| Section | on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons | | | іріеце соїйтп (A). | |
|---------|--|---------------------------|------------------------------------|---|---------------------------------------|
| | ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | · |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | | | | |
| 5 | trustees, and key employees | 75,854. | 26,549. | 22,756. | 26,549. |
| 6 | Compensation not included above to disqualified | / 5 / 6 5 1 1 | 20,5150 | | 207515 |
| Ŭ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 200,146. | 176,839. | 10,757. | 12,550. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 4,273. | 4,273. | | |
| 10 | Payroll taxes | 21,604. | 15,920. | 2,623. | 3,061. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| | Legal | | | | |
| | Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 3,733. 7,553. | <u>2,751.</u> 7,553. | 453. | 529. |
| 12 | Advertising and promotion | 7,553. | 7,553. | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | 1,709. | | 1,709. | |
| 15 | Royalties | 11 500 | | 1 005 | 1 005 |
| 16 | Occupancy | 11,729. | 9,279. | 1,225. | 1,225. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | | | | | |
| 21 | Payments to affiliates | 10 202 | 10 202 | | |
| 22 | Depreciation, depletion, and amortization | <u>19,303.</u> 15,171. | <u> 19,303.</u> 13,010. | 1,470. | 691. |
| 23 | Insurance | 10,1/1. | 13,010. | 1,4/U. | 091. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MERCHANT PROCESSING | 5,926. | 4,518. | 1,408. | |
| b | STAFF DEVELOPMENT | 4,036. | 4,036. | | |
| c | DIRECT MAILING | 3,764. | , | | 3,764. |
| d | DUES &SUBSCRIPTIONS | 2,938. | | 2,938. | - / |
| | All other expenses | 9,290. | 6,607. | 1,268. | 1,415. |
| 25 | Total functional expenses. Add lines 1 through 24e | 387,029. | 290,638. | 46,607. | 49,784. |
| 26 | Joint costs. Complete this line only if the organization | | | | ž |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here Tif following SOP 98-2 (ASC 958-720) | | | | |

032010 12-23-20

Form 990 (2020)

| 2 Savings and temporary cash investments 2 1666,507 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 6 7 Notes and loans receivable, net 7 6 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 9 10a 184 , 296 . 10a 184 , 296 . 11 11 11 11 11 Investments - publicly traded securities 111 113 114 114 114 114 13 Investments - publicly traded securities 114 115 114 110, 210 115 14 Intargible assets 114 122 127 | | | Chack if Schedula O contains a response or set | o to ony line | in this Dort V | | | |
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| Z7 Net assets without donor restrictions 247,839. 27 312,532 Z8 Net assets with donor restrictions 5,744. 28 6,106 | ses | | | | | | | |
| 28 Net assets with donor restrictions 5,744. 28 6,106 | and | 27 | Net assets without donor restrictions | | | | 27 | 312,532. |
| | Bal | 28 | Net assets with donor restrictions | | | 5,744. | 28 | 6,106. |
| Organizations that do not follow FASB ASC 958, check here 🕨 🗌 | pur | | Organizations that do not follow FASB ASC 95 | 58, check h | ere 🕨 🗌 📗 | | | |
| and complete lines 29 through 33. | щ, | | and complete lines 29 through 33. | | | | | |
| 0 29 Capital stock or trust principal, or current funds 29 | S | 29 | | | | | 29 | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund 30 | set | 30 | Paid-in or capital surplus, or land, building, or eq | uipment fur | nd | | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | tAŝ | 31 | | | ····· - | | | |
| 32 Total net assets or fund balances 253,583.32 318,638 | Š | | | | | 253,583. | | 318,638. |
| | | 33 | Total liabilities and net assets/fund balances | <u></u> | | 253,583. | 33 | 397,710. Form 990 (2020) |

Form **990** (2020)

21025.01

16281110 783690 21025.001

PHOENIX BIKES

Form 990 (2020)
Part X Balance Sheet

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| Form | 1990 (2020) PHOENIX BIKES | 20-884 | 2260 | Page | 12 |
|------|---|------------|------|-----------|-----------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | [| |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,08 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,02 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,05 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 253 | ,583 | <u>3.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 318 | ,63 | 8. |
| Pa | rt XII Financial Statements and Reporting | | | _ | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | <u> L</u> | |
| | | | ,, ` | Yes I | 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 | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | <u>x</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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 | | <u>x</u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | _ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |
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Form **990** (2020)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

| | OMB No. 1545-0047 | | | |
|--------------------------------|------------------------------|--|--|--|
| | 2020 | | | |
| | Open to Public Inspection | | | |
| Employer identification number | | | | |

Name of the organization

| Part Reason for Public Charity Status. (All cignizations must complete this part) See instructions. The organization for a private foundation because its if for lines 11 troop 12. Check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). 3 A hospital are accoparately hospital service organization described in section 170(b)(1)(A)(ii). 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)(ii). Complete Part II) 8 A feddral, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). Complete Part II) 9 An againzation thanomally receives a substatelia part of its support from agovernmental unit or from the general public described in section 170(b)(1)(A)(vi). Complete Part II) 9 An againzation thanomally receives (1) more than 33 1/3% of its support from contributions, membership fees, and grass accepts from activities related to its section 170(b)(1)(A)(vi). Complete Part II) 10 An organization dimensities during to the state of the college or university or anon-land-grant college or gaversation discribes in section 170(b)(1)(A)(vi). Complete Part II) 11 An organization operated (1) more than 33 1/3% of its support from contributions, membership fees, and grass accepits from activities related to it | Turr | 0.011 | | NIX BIKES | | | | | 2 | 0-8842260 | | | |
|--|----------------|-------|----------------------------------|----------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------|---------------|----------------------------|--|--|--|
| 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(iii), (Attable School described in section 170(b)(1)(A)(iii). Enter the hospital's name, chy, and state. 3 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Enter the hospital's name, chy, and state. 6 A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 A norganization that normally receives a substantial part of its support fom a governmental unit of from the general public described in section 170(b)(1)(A)(v). 8 A commulty fust described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). Complete Part II.) 10 XI An organization that normally receives subject to certain sectory. Diversity of the support form contributions, membership fees, and gross receipts from activities related to its secton 500(c)(X). Complete Part II.) 11 An organization data described in section 500(c)(1). An organization adapteret exclusively for the benefit of a perform the functions, end or again settement income and unrelated business tatable income (loss section 500(c)(X). Ch | Pa | rt I | | | (All organizations must c | omplete th | nis part.) S | ee instruction | ıs. | | | | |
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| a A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A contraization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(ii). Complete Part II.) A contraization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt norms that a long gross receipts from activities related to its exempt functions, subject to estima exceptions; and (2) no more than 331(5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to estima exceptions; and (2) no more than 331(5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to estima exceptions; and (2) no more than 331(5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to estima exceptions; and (2) no more than 331(5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to estima exceptions; and (2) no more than 331(5% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions with the subport of granization of gross receipts from activities related to granization activities (50) for public safety. See section 509(a)(2). An organization for granization described in section 509(a)(1) or sec | 1 | | A church, convention of chu | urches, or associatio | n of churches described | l in sectio | on 170(b)(1 | 1)(A)(i). | | | | | |
| a A hespital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, ety, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II) A contralization that normally receives a substatilal part of 118 support form a governmental unit or from the general public described in section 170(b)(1)(A)(i). (Complete Part II) A contralization that normally receives a substatilation at of the support form confucution with a land grant college or university. An organization that normally receives a substatilation of a first support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) norm than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). Complete Part II) An organization organized and operated exclusively to test for public astly. See section 509(a)(2). See section 509(a)(2). See section 509(a)(2). Check the box in lines 12e through 12d that describes the type of supporting organization and complete lines 12e. 12f, and 12g, Type I. A supporting organization supervised or controlled to its supported organization(s), by laving the supported organization supervised or controlled to respons that control or the supporting organization supervised or controlled to the supported organization(s), by laving controlled by this supported organization(s), by laving controlled by this supported organization(s), by laving controlled by the supported organization(s), by laving controlled by the supported organization(s), by laving controlled by the supported organization(s), by laving contro | 2 | | A school described in secti | ion 170(b)(1)(A)(ii). | Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | | | | |
| 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)A(ki)(k). (Complete Part II.) 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(ki)). (Complete Part II.) 6 A decide, state, or local governmental unit described in section 170(b)(1)(A(ki)). (Complete Part II.) 7 An organization that normally receives a substantial part of its support from a governmental unit of conjunction with a land grant college or university. 9 An agricultural research organization described in section 170(b)(1)(A(ki)). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A(ki)). Enter the name, city, and state of the college or university. 10 M norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its sempt functions, subject to certain seceptions, and (2) no more than 33 1/3% of its support from contributions of or to carry out the purposes of one or more publicly supported organization described in section 509(a)(1) or section 509(a)(4). 11 An organization organized and operated exclusively to test for public subjects or subscate(3), spoila(3), check the box in lines 52 at through 120 that describes the type of supporting organization activities related actualiseries for control 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 52 at through 120 that describes the type of supporting organization (3), spoila(3), check the box in lines 52 at thro | 3 | | | | - | | | ii). | | | | | |
| city, and state: | 4 | | | | | | | - | (iii). Enter | the hospital's name, | | | |
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| or university: or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: | 9 | | - | | | | ed in conju | unction with a | land-grant | college | | | |
| university: | | | | | | | | | | | | | |
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| 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. a 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 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. c Type II non-functionally integrated. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with 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 Part V. e Check this box if the organizations g Provide the following information about the supported organization(s). You must complete organization(s). g Provide the following information about the supported organization(s). You fill non-functionally integrated. Supporting organization(s). g Provide the following information about the supported organization(s). You must complete organization(s). | 11 | | | | vely to test for public sat | fety. See | section 50 | 09(a)(4). | | | | | |
| Ines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of management of the supporting organization and complete Part IV, Sections A and B. 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 setted in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization required esupporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). vi) Name of supported (iii) EIN (iii) EIN (iii) EIN (iv) EIN on functionally integrated or organization(s). (v) Amount of other support (see instructions) organization (iv) EIN (iv) Name of supported | 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | he functio | ns of, or to ca | arry out the | purposes of one or | | | |
| Ines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the support of management of the supporting organization and complete Part IV, Sections A and B. 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 setted in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization required esupporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). vi) Name of supported (iii) EIN (iii) EIN (iii) EIN (iv) EIN on functionally integrated or organization(s). (v) Amount of other support (see instructions) organization (iv) EIN (iv) Name of supported | | | | - | - | - | | | - | | | | |
| 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. 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 operated in the same persons that control or manage the supported organization (s). You must complete Part IV, Sections A and C. 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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations f Provide the following information about the supported organization(s) f enter the number of supported (ii) EIN (iii) Type of organization; f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported (iii) EIN (iii) Type of organization; f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported organization about the supporting organization (see instructions); f enter the number of supported organization (see instructions); f enter the number | | | lines 12a through 12d that | - describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | d 12g. | | | | |
| 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. 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 operated in the same persons that control or manage the supported organization (s). You must complete Part IV, Sections A and C. 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. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations f Provide the following information about the supported organization(s) f enter the number of supported (ii) EIN (iii) Type of organization; f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported (iii) EIN (iii) Type of organization; f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported organization (see instructions); f enter the number of supported organization about the supporting organization (see instructions); f enter the number of supported organization (see instructions); f enter the number | а | | Type I. A supporting orga | anization operated, si | upervised, or controlled | by its supp | oorted org | anization(s), t | ypically by | giving | | | |
| organization. You must complete Part IV, Sections A and B. b ypell. 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. 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, and functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f UN amount of monetary (i) ENN (iii) Type of organization is upport (see instructions) support (see instructions) above (see instructions)) f UN amount of monetary is upport (see instructions) apport (see instructions) support (see instructions) support (see instructions) support (see instructions) is upport (see instructions) is upport (see instruct | | | | - | - | • • • • | - | | | | | | |
| 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. 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) Name of supported (iii) Pie of organization(s). (iii) Name of supported (iii) Pie of organization(s). (i) Name of supported (iii) Pie of organization(s). (i) Name of supported (iii) Pie of organization(s). (iv) around supported (iii) Pie organization(s) above (see instructions)) | | | | | | | | | | | | | |
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| organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) is ee 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. 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f (ii) EIN (iii) Type of organization(s). f (ii) EIN (iii) Type of organization in the support (see instructions) in the organization is above (see instructions) in the organization support (see instructions) above (see instructions) in the support (see instructions) is support (see instructions) in the organization is above (see instructions) in the organization is support (see instructions) is port (see instructions) in the organization is above (see instructions) in the organization is above (see instructions) is a support (see instructions) in the organization is a support (see instructions) is above (see instructions) in the organization is a support (see instructions) is port (see instruct | | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or mana | ge the supp | ported | | | |
| 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Pype of organization (iv) fee organization (iv) fee organization (iv) fee organization (iv) fee organization (iv) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount of other support (see instructions) (vi) Amount of monetary (vi) Amount (vi) Amoun | | | organization(s). You mus | t complete Part IV, | Sections A and C. | - | | | | | | | |
| 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization diverse instructions) (iii) Type of organization (b) the organization isset (i) Name of supported organization diverse instructions) (iv) Amount of monetary issue organization (c) the organization isset (ii) Name of supported organization diverse instructions) (iv) Amount of monetary issue organization (c) the organization isset (iii) Type of organization (iv) Provide the following information about the support (see instructions) variable of the following information about the support of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary issue organization (s) support (see instructions) (i) Name of supported organization (iii) Type of organization (v) Amount of connetary issue organization (c) the o | с | | Type III functionally inte | grated. A supporting | g organization operated | in connect | tion with, a | and functiona | Ily integrate | d with, | | | |
| 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization about the supported organization (described on lines 1-10) above (see instructions)) Ves No (i) Amount of monetary support (see instructions)) (ii) EIN (iii) EIN (iiii) EIN (iii) EIN (iii) EIN (iii) EIN (iii) EIN (iii) EIN (ii | | | its supported organizatior | n(s) (see instructions) |). You must complete I | Part IV, Se | ections A, | D, and E. | | | | | |
| requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organization g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (description of the supported organization) (description of the support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of the support (see instructions) (vi) Amount of the support of the support of the support (see instructions) (vi) Amount of the support of the | d | | Type III non-functionally | v integrated. A supp | orting organization oper | ated in co | nnection v | vith its suppo | rted organiz | zation(s) | | | |
| e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization organization (iv) Amount of monetary (v) Amount of other support (see instructions) organization (v) Amount of export (see instructions) version Support (see instructions) support (see instructions) Support (see instructions) support | | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution red | quirement and | d an attentiv | /eness | | | |
| functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (ii) Type of organization (ii) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) Yes No (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount o | | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | v . | | | | | |
| f Enter the number of supported organizations | е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Туре I, Туре | II, Type III | | | | |
| g Provide the following information about the supported organization (ii) Type of organization organization (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) Yes No Image: Second | | | functionally integrated, or | Type III non-functior | nally integrated supportin | ng organiz | ation. | | | | | | |
| (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization if your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other Image: | f | Ente | er the number of supported o | organizations | | | | | | | | | |
| organization (described on lines 1-10 above (see instructions)) Impound querning document// Yes support (see instructions) support (see instructions) Impound querning document// Yes No Impound querning document// Yes No Impound querning document// Yes Impound quer | g | Pro | vide the following information | | d organization(s). | | | | | | | | |
| Organization above (see instructions)) Yes No Support (see instructions) Support (see instructions) | | (| | (ii) EIN | | (IV) IS the orga in your governi | anization listed ing document? | | | | | | |
| | | | organization | | | Yes | No | support (see i | nstructions) | support (see instructions) | | | |
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| | - | | Paperwork Reduction Act N | lotice, see the Instri | uctions for Form 990 or | 990-F7 | 032021 01- | 25-21 Sche | dule A (For | m 990 or 990-F7) 2020 | | | |

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Schedule A (Form 990 or 990 EZ) 2020 PHOENIX BIKES

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|---|-----|----|----|----|---|--------|
|---|-----|----|----|----|---|--------|

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| See | ction A. Public Support | | | | | | |
|------|--|--------------------|-----------------|---------------------|----------|-----------|-------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| · | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | etc (see instructi | | | | 12 | |
| 13 | | | | fourth or fifth tax | | | |
| 10 | organization, check this box and stop | - | | | • | | |
| See | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2020 (I | | | column (f)) | | 14 | % |
| 15 | | | | | | 15 | % |
| | 33 1/3% support test - 2020. If the c | | | | | · · · · · | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2019. If the c | | • | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | - | - | | | | |
| | meets the facts-and-circumstances te | | | • | • | ine organ | |
| ۲ | 10% -facts-and-circumstances test | - | | | | | |
| | more, and if the organization meets th | - | - | | | | , 1070 01 |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organizatio | | • | | | | |
| | | | | ,,, | | | 0 or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 PHOENIX BIKES

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

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(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 | ction A. Public Support | | | | | | |
|-------|--|----------------------|-----------------------|-----------------------|--------------------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 150,731. | 310,665. | 210,491. | 230,062. | 101,796. | 1003745. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 197,812. | 196,588. | 172,285. | 191,675. | 187,382. | 945,742. |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| | the organization without charge | 15,600. | 15,600. | 15,600. | 0. | | 46,800. |
| 6 | Total. Add lines 1 through 5 | 364,143. | 522,853. | 398,376. | 421,737. | 289,178. | 1996287. |
| | Amounts included on lines 1, 2, and 3 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 or 1% of the amount on line 13 for the year | | | | | 23,500. | 23,500. |
| c | Add lines 7a and 7b | | | | | 23,500. | 23,500. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 1972787. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | 364,143. | 522,853. | 398,376. | 421,737. | 289,178. | 1996287. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | 7. | 7. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | 7. | 7. |
| | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | 364,143. | 522,853. | 398,376. | 421,737. | 289,185. | 1996294. |
| 14 | First 5 years. If the Form 990 is for the | e organization's fir | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | n, |
| | | - <u>A</u> | | | | | |
| | ction C. Computation of Publi | | - | | | | |
| | Public support percentage for 2020 (I | | | olumn (f)) | | 15 | 98.82 % |
| | Public support percentage from 2019 | | | | | 16 | 100.00 % |
| | ction D. Computation of Inves | | | | | | 0.0 |
| | Investment income percentage for 20 | | | | | 17 | .00 % |
| | Investment income percentage from 3 33 1/3% support tests - 2020. If the | | | n line 14 and line | | 18 | % |
| 198 | | - | | | | | ► X |
| h | more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the | - | • | | | | |
| D | line 18 is not more than 33 1/3%, che | • | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| | 23 01-25-21 | IT GIG HOL CHECK & I | | | | edule A (Form 990 | or 990-F7\ 2020 |
| 55202 | | | 16 | | Cont | | 0. 000 L2, 2020 |

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

| _ | | | | |
|-----|--|-----|-----|-----|
| | | | 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 lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | ,_ | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, or trustees were allocated among the | | | 110 |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. 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 | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | | | | |

| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | |
|---|--|---|--|
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously 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 line 2, above, 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 | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year | (see instructions). |
|---|---|---------------------|
| | Show the box next to the method that the organization doed to ballery the integral r art root daring the year | · / |

- a 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 governmental entity (see instructions). |
|---|---|---|
| | | |

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

| Schedule A | (Form 990 or 990-EZ) 2020 PHOENIX BIKES | |
|------------|--|---|
| Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organization | s |

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|-----------------|--------------------------|--------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| 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 0.015 of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035. | 6 | | |
| 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 0.85 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-function | ally integrated | Type III supporting orga | nization (see |

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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| Schedule A (Form 990 or 990-EZ) 2020 | PHOENIX | BIKES |
|--------------------------------------|---------|-------|
|--------------------------------------|---------|-------|

| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|----------|---|-------------------------------|--|---|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | |
| | able cause required - explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| C | From 2017 | | | |
| d | From 2018 | | | |
| e | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2020 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | |
| | and 4c. | | | |
| | Breakdown of line 7: | | | |
| | Excess from 2016 Excess from 2017 | | | |
| | | | | |
| | Excess from 2018 Excess from 2019 | | | |
| | Excess from 2019 Excess from 2020 | | | |
| e | | | | |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 PHOENIX BIKES

| 032028 01-25-2 | 1 | 21 | Schedule A (Form | 1 990 or 990-EZ) 2020 |
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| | (See instructions.) | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

20-8842260

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an exclusively religious, charitable, etc., exclusively religious, exclu

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

PHOENIX BIKES

20-8842260

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$1,600. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$10,150. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 4 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| <u> </u> | | \$6,150. | Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020) | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

PHOENIX BIKES

20 - 8842260Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|-----------------------------------|----------------------------|--|
| 7 | | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$5,600. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| 023452 11-2 | 5-20 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2020) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| Schedule B | (Form 990, | 990-EZ, | or 990-PF) | (2020) |
|------------|------------|---------|------------|--------|
|------------|------------|---------|------------|--------|

Name of organization

Page **3**

Employer identification number

PHOENIX BIKES

20-8842260

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | 1 |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |

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Page 4

| Part | lame of ore | ganization | | Employer identification number |
|--|--------------------------|---|--|---|
| Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(d7), (B), or (10) that bala more than \$1.00; more applicable college of the following the section 501(d7), (B), or (10) that bala more than \$1.00; more part 11, if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additional space is needed. (g) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is if additionad additionad additional space is needed. | HOENT | X BIKES | | 20-8842260 |
| from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is interval to transferee (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (g) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is interval to transferee (a) No. (b) Purpose of gift <t< th=""><th></th><th>Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,</th><th>a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or</th><th>ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yearly For organizations</th></t<> | | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, | a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yearly For organizations |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (d) Description of how gift is in the image of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (d) Description of how gift is in the image of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the image of gift (d) Description of how gift is in the image of gift (d) Description of how | from | | | (d) Description of how gift is held |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| a) No. Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is in the interval of the inter | - | | (e) Transfer of gift | L |
| from Part 1 (c) Use of gift (d) Description of how gift is in the second secon | | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| a) No. (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (c) Transfer of gift (d) Description of how gift is is (e) Transfer of gift (d) Description of how gift is is (e) Transfer of gift (e) Transfer of gift (for the part is is in the part is is is in the part is is in the part is is is in the part is in the part is is in the p | from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
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| a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is is in the second sec | - | | (e) Transfer of gift | |
| from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is l Image: Second state s | | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (b) Purpose of gift (c) Use of gift (d) Description of how gift is located and the second | from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| a) No. from b) Purpose of gift (c) Use of gift (d) Description of how gift is bound of the second o | | | (e) Transfer of gift | |
| Part I Contraction of gift | - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| | a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | — | | | |
| Iransteree's name, address, and ZIP + 4 Helationship of transferor to transferee | | T | | |
| | | Iransferee's name, address, a | na ZIP + 4 | Relationship of transferor to transferee |
| 3454 11-25-20 Schedule B (Form 990, 990-EZ, or | 3454 11-25-4 | 20 | | Schedule B (Form 990, 990-EZ, or 990-PF) (20 |

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|) |
|---|
| |

Department of the Treasury

Internal Revenue Service

| (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.

| Attach to Form 550. |
|--|
| Go to www.irs.gov/Form990 for instructions and the latest information. |
| |



| Name of the organization | |
|--------------------------|---------|
| | PHOENIX |

_ _ ___

Employer identification number

| | PHOENIX BIKES | | | 20-8842260 |
|--------|--|----------------------------|--------------------------|---------------------------------|
| Pa | t I Organizations Maintaining Donor Advised F | Funds or Other Sir | nilar Funds or Ac | counts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6 | | | |
| | | (a) Donor advised | funds (| b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writ | ing that the assets held | in donor advised fund | s |
| | are the organization's property, subject to the organization's exc | lusive legal control? | | Yes 📃 No |
| 6 | Did the organization inform all grantees, donors, and donor advis | sors in writing that gran | t funds can be used or | וy |
| | for charitable purposes and not for the benefit of the donor or do | onor advisor, or for any | other purpose conferri | ng |
| | impermissible private benefit? | | | Yes No |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (| | | |
| | Preservation of land for public use (for example, recreation | | Preservation of a histo | rically important land area |
| | Protection of natural habitat | , <u> </u> | Preservation of a certit | • |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | conservation contribut | ion in the form of a cor | nservation easement on the last |
| _ | day of the tax year. | | | Held at the End of the Tax Year |
| а | | | | 2a |
| b | | | | 2b |
| c | Number of conservation easements on a certified historic structu | | | 2c |
| | Number of conservation easements included in (c) acquired after | | | 20 |
| u | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, release | | | |
| 3 | year | eu, extinguisrieu, or ter | minated by the organiz | |
| 4 | Number of states where property subject to conservation easem | ont is located | | |
| - 5 | Does the organization have a written policy regarding the period | | n bandling of | |
| 5 | violations, and enforcement of the conservation easements it ho | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, har | | onforcing consorvatio | |
| 0 | Stan and volunteer nours devoted to morntoning, inspecting, har | iding of violations, and | emorcing conservatio | reasements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | a of violations, and onfo | reing conconvation as | oments during the year |
| ' | S | y or violations, and erric | reing conservation eas | sements during the year |
| 8 | Does each conservation easement reported on line 2(d) above sa | atiative the requirements | of agotion 170/h)(4)(P) | 3 |
| 0 | | , , | | |
| 9 | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation e | | | |
| 9 | balance sheet, and include, if applicable, the text of the footnote | | | |
| | | e to the organization s h | | it describes the |
| Pa | organization's accounting for conservation easements. t III Organizations Maintaining Collections of A | rt. Historical Trea | sures. or Other S | milar Assets. |
| | Complete if the organization answered "Yes" on Form 99 | | | |
| 19 | If the organization elected, as permitted under FASB ASC 958, r | | ue statement and hala | nce sheet works |
| iu | of art, historical treasures, or other similar assets held for public | • | | |
| | service, provide in Part XIII the text of the footnote to its financia | | | |
| h | | | | shoot works of |
| D | If the organization elected, as permitted under FASB ASC 958, t | - | | |
| | art, historical treasures, or other similar assets held for public ex | monion, education, or r | esearch in jurtherance | |
| | provide the following amounts relating to these items: | | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ► \$ |
| ~ | | | | ▶ \$ |
| 2 | If the organization received or held works of art, historical treasu | | | orovide |
| _ | the following amounts required to be reported under FASB ASC | - | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | ► \$ |
| n | Assets included in Form 990 Part X | | | • * |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

| Sche | dule D (Form 990) 2020 PHOENIX | | | | | | | 20-88 | | | age 2 |
|--------|---|-------------------------|-----------------|-----------------|----------------|-------------|---------------------|--------------|--------------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art | , Histori | cal Trea | asures, or | Other | Simila | r Assets | contin | ued) | |
| 3 | Using the organization's acquisition, accessi | on, and other records | , check an | ly of the fo | ollowing that | make sig | gnificant u | use of its | | , | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | d | Loa | an or exch | nange progra | m | | | | | |
| b | Scholarly research | е | Oth Oth | ner | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they | further the | e organizatior | n's exem | pt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | f art, histoi | rical treas | ures, or other | r similar a | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | te if the or | ganizatior | n answered " | Yes" on l | Form 990 | , Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedia | ary for con | tributions | or other asse | ets not ir | ncluded | | _ | | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follo | owing tabl | e: | | | | | | | |
| | | | | | | | | | Amount | t | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | _ | | |
| | Did the organization include an amount on F | | | | | | ty? | L | Yes | | No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete i | | | 1 | | | | | | | |
| | | (a) Current year | (b) Prio | r year | (c) Two years | s back (| (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | | olumn (a)) | held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | | % | | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | | |
| Ja | Are there endowment funds not in the posse | ssion of the organizat | ion that ar | e neid an | a administere | ed for the | e organiza | ation | ſ | Vee | Na |
| | by: | | | | | | | | 20(1) | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related organiza | | | | | | | | 3a(ii) 3b | | |
| U A | Describe in Part XIII the intended uses of the | | | | | | | | 30 | | |
| Par | t VI Land, Buildings, and Equipm | | ment iund | 18. | | | | | | | |
| | Complete if the organization answere | | Part IV lir | no 110 Sa | e Form 000 | Dart X I | ino 10 | | | | |
| | Description of property | (a) Cost or ot | | (b) Cost | | | cumulate | a l | (d) Bool | (Value | <u> </u> |
| | Description of property | basis (investm | | basis (| | • • | reciation | | | value | ن |
| 19 | Land | | | | | p | | | | | |
| b | LandBuildings | | | 10 | 0,393. | | 5,6 | 35. | 94 | 1,70 | 08- |
| | Leasehold improvements | | | ± 0 · | | | | | | _ , , (| |
| | Equipment | | | | | | | | | | |
| | Other | | | 8 | 3,903. | | 31,92 | 25. | 5 | L,9' | 78. |
| | . Add lines 1a through 1e. (Column (d) must e | | (column (| | | | | | | 5,68 | |
| 1010 | i i i i i i i i i i i i i i i i i i i | iyudi FUITI 990, Fdfl X | . coiumn (| ווווי, ווווי וע | <i></i> | | | | | . , | |

Schedule D (Form 990) 2020

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| Complete if the organization answered "Yes" o | | | |
|--|---------------------------|--|-------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990. Part IV. line | 11c. See Form 990. Part X. line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | n Form 000 Dart IV line | 11d See Form 000 Part V line 15 | |
| | Description | 110. See Form 990, Fart A, line 13. | (b) Book value |
| | | | |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | <u>15.)</u> | | |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 2 | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) OTHER CURRENT LIABILITIES | - | | 9,792. |
| (3) OTHER LONG TERM LIABILITIE | S | | 4,792. |
| (4) PPP LOAN | | | 54,278. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| | | | |
| (8) | | | |
| (8) (9) | | | 68,862. |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | edule D (Form 990) 2020 PHOENIX BIKES | | 20-8842260 Page 4 |
|------|--|--------------------|-------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Stat | tements With Reven | ue per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lir | ne 12a. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| с | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 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.) | 4b | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. |) | |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Sta | atements With Expe | nses per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, lir | ne 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | <u>2</u> a | |
| b | Prior year adjustments | <u>2</u> b | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | | 4b | |
| С | , | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1) | 8.) | |
| Pa | rt XIII Supplemental Information. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

Schedule D (Form 990) 2020

| SCHEDULE G | DULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047 | | | | | | OMB No. 1545-0047 | |
|--|--|---|--------------------------------------|-----------|--------------------------------------|---------|---|-------------------------------------|
| (Form 990 or 990-EZ) | | | | | | | | |
| Department of the Treasury | organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public |
| Internal Revenue Service | | | | | | | | Inspection |
| Name of the organization | PHOENIX | BIKES | | | | | Employer ide 20-8842 | entification number |
| | complete this part | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E2 | filers are not |
| | | ed funds through any of the followin | g activ | rities. (| Check all that apply. | | | |
| a Mail solicitat | | | | 0 | overnment grants | | | |
| b Internet and c Phone solici | email solicitations | | | | nment grants | | | |
| d In-person so | | g [] Special | Iunura | using | events | | | |
| 2 a Did the organization | on have a written o | or oral agreement with any individual | (incluc | ling of | ficers, directors, trus | tees, | or | |
| | | art VII) or entity in connection with p | | | • | | Ye | |
| b If "Yes," list the 10 compensated at le | • | viduals or entities (fundraisers) pursu organization. | ant to | agreei | ments under which th | ne fur | ndraiser is to b | 9 |
| | <i>.</i> | | (iii) | Did | (1) Q | (v) | Amount paid | (vi) Amount paid |
| (i) Name and addres or entity (func | | (ii) Activity | fùndr have c or cor contrib | ustody | (iv) Gross receipts from activity | | or retained by) fundraiser ted in col. (i) | to (or retained by) organization |
| | | | Yes | No | - | | | |
| | | | | | | | | |
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| or licensing. | | | | | or has been notified | 11 15 1 | | gistration |
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| LHA For Paperwork Re | eduction Act Noti | ce, see the Instructions for Form S | 990 or | 990-E | Z. 9 | Sche | dule G (Form 9 | 990 or 990-EZ) 2020 |

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 PHOENIX BIKES

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

| | | of fundraising event contributions and gr | oss income on Form 990- | EZ, lines 1 and 6b. List ev | ents with gross receip | ts greater than \$5,000. |
|-----------------|----------------------------|---|------------------------------|-----------------------------|------------------------|------------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | ARLINGTON | NONE | (add col. (a) through |
| | | | RAISE + RIDE (event type) | (event type) | (total number) | col. (c)) |
| en | | | | (event type) | (lotal humber) | |
| Revenue | 1 | Gross receipts | 80,735. | 22,525. | | 103,260. |
| | 2 | Less: Contributions | 78,209. | 16,000. | | 94,209. |
| \downarrow | 3 | Gross income (line 1 minus line 2) | 2,526. | 6,525. | | 9,051. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| penses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | - | Entertainment | | 2,164. | | 10 014 |
| | 9 | Other direct expenses | | | | 10,914. |
| | | Direct expense summary. Add lines 4 through | | | • | -1,863. |
| | rt I | Net income summary. Subtract line 10 from I II Gaming. Complete if the organization | | 990 Part IV line 19 or re | | 1,005 |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| Т | | ······································ | () 5 | (b) Pull tabs/instant | () () | (d) Total gaming (add |
| lue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| Hevenue | 1 | Gross revenue | | | | |
| ŝ | 2 | Cash prizes | | | | |
| Uirect Expenses | 3 | Noncash prizes | | | | |
| JIRECT E | 4 | Rent/facility costs | | | | |
|] | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes% | Yes % | Yes % No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| - 1 | | Not coming income cummon . Subtract line 7 | ' from line 1, column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 | | | | |
| | | | | | | |
| | Ent | er the state(s) in which the organization condu | | | | |
| а | Ent Is t | | ctivities in each of these s | | | Yes No |
| a b | Ent Is t If "I | er the state(s) in which the organization conduct he organization licensed to conduct gaming a | ctivities in each of these s | | | |
| a b)a | Ent Is t If "I We | ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain: | ctivities in each of these s | rminated during the tax ye | | |

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

| Sch | edule G (Form 990 or 990-EZ) 2020 PHOENIX BIKES 20- | 884226 | 0 Page 3 |
|------|--|------------------|------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | I The organization's facility | 13a | % |
| k | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗌 Yes | No |
| k | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party \blacktriangleright \$ | | |
| c | If "Yes," enter name and address of the third party: | | |
| | Name | | |
| | Address | | |
| 16 | Gaming manager information: | | |
| | | | |
| | Name | | |
| | Gaming manager compensation 🕨 💲 | | |
| | Description of services provided 🕨 | | |
| | | | |
| | | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| | I is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| - | retain the state gaming license? | Yes | No |
| k | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| | organization's own exempt activities during the tax year 🕨 💲 | | |
| Pa | TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P | art III, lines 9 | , 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
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| 0320 | 83 11-25-20 Schedule G (For | m 990 or 90 | 0-EZ) 2020 |
| 5520 | 35 | 000 01 00 | |

Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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

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



Name of the organization

| O TINT 17 | DTEDA | |
|-----------|-------|--|

| Employer identification number |
|--------------------------------|
| 20-8842260 |

PHOENIX BIKES

| Par | t I Types of Property | | | | • | | | |
|--------|--|--------------------------------------|--------------------------------------|--|--|-----|-----|----------|
| | · | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | | • | 3 |
| 4 | Art Marka of art | | | Form 990, Fait Vill, line Tg | | | | |
| 1 2 | Art - Works of art Art - Historical treasures | | | | | | | |
| 2 | | | | | | | | |
| 4 | Art - Fractional interests Books and publications | | | | | | | |
| 4 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | | | | | | | | |
| 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 ► (BIKES) | X | 705 | | | | | |
| 26 | Other ► (GIFT CARDS FO) | X | 100 | 2,500. | | | | |
| 27 | Other ► () | | | | | | | |
| 28 | Other ► () | | | | | | | |
| 29 | Number of Forms 8283 received by the organized | zation during | g the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | ` | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least three years from the date | | l contribution, and | which isn't required to be us | ed for | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | | | | ions? | 31 | | <u>X</u> |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| _ | | | | | | 32a | | X |
| | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | / for which column (a) is chec | ked, | | | |

032141 11-23-20

describe in Part II.

16281110 783690 21025.001

| Schedule M (Form 990) 2020 $$ PF | IOENIX BIKES | |
|----------------------------------|--------------|--|
|----------------------------------|--------------|--|

20-8842260 Page 2

| Part II | Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete |
|---------------|--|
| | 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. |
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| 032142 11-23- | 20 Schedule M (Form 990) 2020 |

16281110 783690 21025.001

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number 20-8842260

OMB No. 1545-0047

PHOENIX BIKES

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WE OFFERED 13 VIRTUAL WORKSHOPS, WHICH EDUCATED 156 ADULTS AND YOUTH ON

TOPICS AS VARIED AS FIXING FLAT TIRES TO SAFELY CYCLING IN A PANDEMIC.

WE COORDINATED THE REFURBISHMENT AND DONATION OF 37 BIKES TO COMMUNITY

MEMBERS IN NEED THROUGH OUR GIVE-A-BIKE PROGRAM AND ORGANIZED FOUR FREE

BIKE SAFETY CHECK EVENTS FOR COMMUNITY MEMBERS. LASTLY, WE ENJOYED

WORKING WITH COMMUNITY MEMBERS TO ESTABLISH ARLINGTON'S FIRST TEMPORARY

TRAFFIC GARDEN TO PROVIDE A SAFE SPACE FOR CHILDREN TO PRACTICE THEIR

RIDING SKILLS.

FORM 990, PART VI, SECTION B, LINE 11B:

WE HAVE A WRITTEN WHISTLEBLOWER POLICY IN OUR EMPLOYEE HANDBOOK.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S BYLAWS PROVIDE FOR CONSISTENT MONITORING AND ENFORCEMENT OF COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED BY A COMMITTEE OF THE BOARD OF DIRECTORS IN COMPARISON TO COMPENSATION PAID BY OTHER LOCAL ORGANIZATIONS OF SIMILAR SIZE. THE DELIBERATION AND DECISION ARE SUBSTANTIATED IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR 990S ARE ON OUR WEBSITE, BUT OUR FORM 1023 WOULD BE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FOF

| ORM 99 | DRM 990 PAGE 10 990 | | | | | | | | | | | | | | |
|--------------|--|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset No. | Description | Date Acquired | Method | Life | C o n v | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
| 1 | LEASEHOLD IMPROVEMENT | 10/01/18 | SL | 39.00 | MM | 16 | 100,393. | | | | 100,393. | 3,111. | | 2,574. | 5,685. |
| 2 | BIKE RACKS | 10/01/18 | 150DB | 7.00 | нү | 16 | 9,007. | | | | 9,007. | 2,119. | | 1,476. | 3,595. |
| 3 | LEASEHOLD IMPROVEMENTS - OFFICE FIXTURE | 04/30/19 | 150DB | 7.00 | НҮ | 16 | 37,447. | | | | 37,447. | 4,011. | | 7,165. | 11,176. |
| 4 | LEASEHOLD IMPROVEMENTS - SHOP SIGN | 07/08/19 | 150DB | 7.00 | НУ | 16 | 5,582. | | | | 5,582. | 598. | | 1,068. | 1,666. |
| 5 | VEHICLES - FORD TRANSIT VAN | 10/04/18 | 150DB | 5.00 | НУ | 16 | 20,917. | | | | 20,917. | 6,825. | | 4,228. | 11,053. |
| 6 | VEHICLES - CHEVROLET EXPRESS | 01/01/19 | 150DB | 5.00 | нү | 16 | 10,950. | | | | 10,950. | 1,643. | | 2,792. | 4,435. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | | 184,296. | | | | 184,296. | 18,307. | | 19,303. | 37,610. |
| | | | | | | | | | | | | | | | |
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028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone