Form 9

** 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 \$)	
		_
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	

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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 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		
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				· · · · · /	

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)

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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			
Beginning of year End of year 1 Cash - non-interest-bearing 87,593.1 84,517 2 Savings and temporary cash investments 2 166,507 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 3 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 184,296. 8 11 Investments - publicly traded securities 10 11 Investments - program-related. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 14 Intargible assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add li			Check il Schedule O contains a response or hote	e to any line	III UIIS Part A			
1 Cash - non-interest bearing 87,593.1 84,517 2 Savings and temporary cash investments 2 166,507 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net 3 4 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Leans and other receivables from other disqualified persons (as defined under section 4958(0/11)), and persons described in section 4958(0/2)(B) 6 6 7 Notes and leans receivable, net 7 7 8 Inventories for sale or use 8 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V i of Schedule D 10a 184, 296. 146, 686 (11 11 Investments - publicly traded securities 11 12 10a 146, 686 (11 11 Investments - publicly traded securities 11 13 146 146, 686 (11 13 Investments - publicly traded securities 11 13 14 14 16 00b 37, 610.						Beginning of year		
2 Savings and temporary cash investments 2 166,507 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Leans 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 6 Leans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 184, 296. 10b 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - program-related. See Part IV, line 11 13 14 Intargible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 253, 583. 16 397, 712 17 Accounts payable and account liability. Complete Part IV of Schedule D <		1	Cash - non-interest-bearing			87.593.	1	84,517.
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivable, net 4 6 Loans and other receivables from any current or former officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from any current or former officer, director, trustee, key employse, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 184, 296. 10a 10a 184, 296. 10a 10a 184, 296. 10a 10a 184, 296. 10a 11 Investments - publicky traded securities 11 12 Investments - program-related. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 17 10, 210 15 Total assets. Add lines 1 through 15 (must equal lil			•					166,507.
geoge 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4458(f(1)), and persons described 458(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 184 , 296 . 10a 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities. 11 13 Investments - publicly traded securities. 11 14 12 Investments - publicly traded securities. 14 15 Other assets. See Part IV, line 11 13 13 14 Intal assets. Add lines 1 through 15 (must equal line 33) 253 , 583 . 16 397 , 710 C 16 Total assets. Add lines 1 through 15 (must equal line 33) 253 , 583 . 16 397 , 710 C 17 Accounts payable and accrued expenses 17								
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(E) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a 184, 296. 10a 11 Investments - port VI of Schedule D 10a 12 Investments - outpilcly traded securities 11 13 Investments - outpilcly traded securities 11 14 Intagible assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 253, 583. 16 397, 710 18 Grants payable 18 20 20 21 20 21 20 21 20 21 21 Escrew or ustodial account liability. Complete Part IV of Schedule D 21 22 23 23 2								
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geoge controlled entity or family member of any of these persons 5 6 Laans and other receivables from other disqualified persons (as defined under section 4958(b)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 184 , 296 . 11 Investments - publicly traded securities 11 12 12 12 Investments - program-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 13 14 14 Intargible assets 14 15 15 Other assets. Acd lines 1 through 15 (must equal line 33) 253 , 583 . 16 397 , 710 C 17 Accounts payable and accrued expenses 17 10 , 210 C 18 19 21 20 Tax-exempt bond liabilities 20 22 23 22 24 24 21 Escrow or custodial accrued expenses 23 24 <th></th> <th></th> <th>-</th> <th></th> <th></th> <th></th>			-					
6 Loans and other receivables from other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958(c)(3)(5) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 184, 296. b Less: accumulated depreciation 10b 37, 610. 165, 990. 10c 146, 6866 11 Investments - publicly traded securities 11 12 11 13 Investments - program-related. See Part IV, line 11 13 13 14 Intragible assets 14 14 15 Other assets. See Part IV, line 11 16 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 253, 583. 16 397, 710 18 Grants payable 18 19 10 20 20 21 20 12 Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 23 24 24 24					5			
gege under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 184, 296. 11 Investments - publicly traded securities 111 12 12 Investments - publicly traded securities 111 12 Investments - publicly traded securities 111 13 Investments - publicly traded securities 114 14 115 114 12 15 Other assets. See Part IV, line 11 13 14 16 Total assets 117 10, 210 18 Grants payable and accrued expenses 17 10, 210 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current of fromer officer, director, trustee, key employ		6		-				
9 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 184,296. b Less: accumulated depreciation 10b 37,610. 165,990. 10c 146,686 11 Investments - publicly traded securities 11 12 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 14 15 16 397,710 16 Total assets. Add lines 1 through 15 (must equal line 33) 253,583. 16 397,710 18 Grants payable 18 20 21 22 18 20 21 22 22 23 23 24 20 12 13 100 23 24 22 24 21 22 23 24 22 23 24 24 24 24 22 24 <t< th=""><th></th><th></th><td></td><td></td><td>6</td><td></td></t<>					6			
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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				
					\

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.				
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	The o	organ											
 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).					
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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)			
	. .												
	-		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		•				
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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						
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1

2

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

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			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).

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- 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
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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
	(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)
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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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2020.05000 PHOENIX BIKES

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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
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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)
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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	-			
								-
								<u> </u>
		n is registered or licensed to solicit c	ontrib		or has been notified	itic	ovompt from ro	
or licensing.					or has been notified	11 15 1		gistration
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.		
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	
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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.
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.

028111 04-01-20

(D) - Asset disposed

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