		** PUBLIC DISCLOSURE COPY						
	Ω	Return of Organization Exempt Fror     A Second Se	n Income Tax	OMB No. 1545-0047				
Forr	n J	90 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ons) ZUZZ				
		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection				
		-	MAR 31, 2023	•				
	heck if		D Employer identif					
a	pplicab	BICYCLE COALITION OF GREATER						
	Addre chang							
	]Name	pe Doing business as	23-25866	531				
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address) Room/s						
	Final returr termii							
	ated ]Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,858,785.				
	_lreturr ]Appli	· · · · · · · · · · · · · · · · · · ·	H(a) Is this a group r for subordinate					
L	⊥tión pendi	SAME AS C ABOVE	H(b) Are all subordinates					
<u> </u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		a list. See instructions				
-	Vebsi		H(c) Group exemption					
ΚF	orm o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🛛 L	Year of formation: 1978	M State of legal domicile: PA				
Pa	rt I							
é	1	Briefly describe the organization's mission or most significant activities: BCGP LEA	DS THE MOVEME	ENT TO MAKE				
Activities & Governance	_	EVERY BICYCLE RIDE SAFE, TO EMPOWER YOUTH AN						
/err	2	Check this box if the organization discontinued its operations or disposed of	1	1				
ĝ		Number of voting members of the governing body (Part VI, line 1a)						
s S			umber of independent voting members of the governing body (Part VI, line 1b)       4         otal number of individuals employed in calendar year 2022 (Part V, line 2a)       5					
<i>i</i> tie	6	Total number of volunteers (estimate if necessary)		<u>40</u> 30				
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
<		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.				
			Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)	1,742,095.					
Revenue	9	Program service revenue (Part VIII, line 2g)	0. 691.					
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-61,703.	18,136.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,681,083.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,825.	25,250.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
S			957,820.	1,109,692.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)         253,360.	0.	0.				
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 253, 360.						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	541,473.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,532,118.	1,673,141.				
L.S.	19	Revenue less expenses. Subtract line 18 from line 12	148,965. Beginning of Current Year	100,620. End of Year				
ets o ance	20	Total assots (Part X, line 16)	1,574,866.					
Asse Bal	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	222,586.					
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20	1,352,280.	-				
	rt II	Signature Block	,,	,,				
Und	nr non	alties of periury. I declare that I have examined this return including accompanying schedules and st	stements and to the best of n	av knowledge and belief it is				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
Here	-	TIVE DIRECTOR	12/20/2023								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date									
Paid	MELISSA DUNN	MELISSA DUNN	self-employed P01278330								
Preparer	Firm's name <b>BBD</b> , <b>LLP</b>	· · · · · ·	Firm's EIN 23-2896692								
Use Only	Firm's address 1835 MARKET STREE	T, SUITE 300									
	PHILADELPHIA, PA	19103	Phone no.215-567-7770								
May the II	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No								
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

_	BICYCLE COALITION OF GREATER 990 (2022) PHILADELPHIA 23-2586631 Page 2
	990 (2022) PHILADELPHIA 23-2586631 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THROUGH ADVOCACY AND EDUCATION, THE BICYCLE COALITION OF GREATER
	PHILADELPHIA LEADS THE MOVEMENT TO MAKE EVERY BICYCLE RIDE SAFE, TO
	EMPOWER YOUTH AND ADULTS TO RIDE, AND TO FOSTER A RIDERSHIP THAT
	REFLECTS THE DIVERSITY OF THE REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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. (Code: ) (Expenses \$ 145,160 · including grants of \$ ) (Revenue \$
	(Code:) (Expenses \$145,160. including grants of \$) (Revenue \$) (Revenu
	PROTECTED BIKE LANES REACHED BY THE END OF 2022, INCLUDING WASHINGTON
	AVENUE, W. CHESTNUT STREET, 15TH STREET AND GRAY'S AVENUE. NEARLY
	TWENTY MILES OF CIRCUIT TRAILS WERE ALSO ADDED BRINGING THE TOTAL OF
	COMPLETED TRAIL MILES TO TOTAL OF COMPLETED TRAIL MILES TO 378,
	INCLUDING THE SCHUYLKILL RIVER TRAIL IN CHESTER COUNTY, NEWTOWN RAIL
	TRAIL IN BUCKS COUNTY, FOUR NEW SEGMENTS IN BURLINGTON COUNTY AND
	CHESTER VALLEY TRAIL EXTENSION EAST IN MONTGOMERY COUNTY. BCGP HELPED
	COBBLE TOGETHER \$5M IN DESIGN FUNDING FOR THE SPRING GARDEN STREET
	CONNECTOR FROM CITY, STATE AND PRIVATE SOURCES. PHILADELPHIA PARKING
	AUTHORITY ANNOUNCED ITS INTENTION TO FORM A BICYCLE PATROL UNIT TO
	ENFORCE LANES, AN IDEA PROPOSED IN 2014. [CONT ON SCH O]
	(Code:) (Expenses \$ 240,674. including grants of \$ 25,250. ) (Revenue \$
	BICYCLE COALITION YOUTH CYCLING: IN 2022, THE BICYCLE COALITION YOUTH
	CYCLING PROGRAM ENGAGED 100 YOUTH FROM OUR NINE PARTNER SCHOOL SITES.
	BCYC AWARDED 3 GRADUATING SENIORS SCHOLARSHIPS AND THEY JOINED THE
	RANKS OF OUR MENTORSHIP PROGRAM.
4c	(Code: ) (Expenses \$ 586, 446. including grants of \$ ) (Revenue \$
	IN 2022, THROUGH THE BETTER BIKE SHARE PARTNERSHIP (BBSP), THE BICYCLE
	COALITION OFFERED RIDES AND CLASSES ENGAGING OVER 480 PARTICIPANTS. FOR
	THE PAST 8 YEARS, THE BICYCLE COALITION HAS SUPPORTED BBSP'S MISSION TO
	INCREASE USE OF INDEGO BIKESHARE FOR ALL PEOPLE, WITH PARTICULAR
	ATTENTION TO PEOPLE WHO ARE BIPOC AND PEOPLE FACING ECONOMIC
	CHALLENGES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 101,256 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,073,536.
	Form <b>990</b> (2022 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
32002	3
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<u>лт</u> ,	222 /JJ/00 4294 2022.0JULO DICICLE COADILION OF GREATE 4294

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Part IV Checklist of Required Schedules

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			v
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	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	
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x
20-2	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dec	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	2	Yes	No
	Enter the number of Forms W-2G included on 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			
	(gambling) winnings to prize winners?	1c	х	
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	5			

2022.05010 BICYCLE COALITION OF GREATE 4294\_\_\_1

Form	990 (2022) PHILADELPHIA	23-25	86631	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	40		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	<b>2</b> b	Х	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	<b>3b</b>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country		_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa				X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			37
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			NT /	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			N/	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		·C? 7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	N/A			
	Did the sponsoring organization make any taxable distributions under section 4966?				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	IN / 2	9b		
10	Section 501(c)(7) organizations. Enter:	40-1			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a 10b			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders N/A	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		_		
U.		11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{A}$	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	<b>Note:</b> 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			
с	Enter the amount of reserves on hand	13c			
			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
-	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)

232005 12-13-22

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PHILADELPHIA Form 990 (2022)

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Χ

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

Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	20									
	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.										
-											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
~	officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct super		3		x						
4	of officers, directors, trustees, or key employees to a management company or other person?										
<del>-</del> 5											
6											
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		6		X						
	more members of the governing body?		7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?		7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the followi										
а	The governing body?		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 reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.,	)									
		ľ		Yes	No						
	Did the organization have local chapters, branches, or affiliates?		10a	Х	<u> </u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia			37							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X X	<u> </u>						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	Δ							
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12b	Х							
С	on Schedule O how this was done		12c	х							
13	Did the organization have a written whistleblower policy?		13	X							
14	Did the organization have a written document retention and destruction policy?		14	X	<u> </u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	Х							
	Other officers or key employees of the organization		15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?		16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation of the organization o	ation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?		16b								
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed PA, NJ										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sector sector biological and sector sector biological and sector sector biological and sector sector sector biological and sector	tion 501(C)(3)	s only	) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         Another's website       X         Upon request       Other (explain on Schedule)	O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	est policy, and	d finar	ncial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and record BICYCLE COALITION OF GREATER PHILADELPHIA - 215-242-9253	ds									
	1500 WALNUT STREET, NO. 1107, PHILADELPHIA, PA 19102										
232006	5 12-13-22		Form	990	(2022)						
	7										

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Form 990 (2	2022)	PHILADEL	PHIA				23-25
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contrac	ctors			

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

PHILADELPHIA

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the 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	Position						Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both an				is bot	h an	compensation	compensation	amount of
	week	<u> </u>	officer and a director/trustee)		tee)	from	from related	other		
	(list any	or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	l ual tr	tional		nploy	st cor yee	L	1033-1120)		organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) SARAH CLARK STUART	40.00	-	_	0	-	1 0				
EXECUTIVE DIRECTOR		X		Х				96,345.	0.	14,564.
(2) REGGIE WALLER	2.00									
BOARD MEMBER		X						0.	0.	0.
(3) RAYMOND WYNMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) RYAN OELKERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JEROME JACOBS	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(6) MICHELLE LEE	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) SHARON HOLLOMAN	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) RAE WHATLEY	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) AMANDA BENNER	2.00									0
VICE CHAIR		X		Х				0.	0.	0.
(10) LEE CAPARAS	2.00									0
BOARD MEMBER	2 00	X						0.	0.	0.
(11) RYAN SULLIVAN	2.00							0.	0.	0
BOARD MEMBER (12) ANTHONY CAMPISI	2.00	X						0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(13) PERRY BENSON	2.00								Ŭ.	
BOARD MEMBER		x						0.	0.	0.
(14) JEFFREY BRAFF	2.00									
BOARD MEMBER		x						0.	0.	0.
(15) EDWARD CHANG	2.00									
CHAIR		x		х				0.	0.	0.
(16) ERIC FRARY	2.00									
SECRETARY		x		х				0.	0.	0.
(17) KIERA SMALLS	2.00									
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22						0				Form <b>990</b> (2022)

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Form 990	(2022) PHILADE	LPHIA								23-2586	631	Pa	age <b>8</b>
Part V	II Section A. Officers, Directors, Tr	rustees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title		<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				l than is bot	one h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	Esti amo	(F) mate ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	comp fro orgai	ensat m the nizati relate	e on ed
(18) SU BOARD N	JE GOLDSTAIN	2.00	x						0.	0.			Ο.
	EROME WHITENER	2.00											<u> </u>
BOARD N	IEMBER		x						0.	0.			0.
(20) JA BOARD N	ASMINE NARCISSE MEMBER	2.00	x						0.	0.			0.
(21) DA	AN ROSENBAUM	2.00											
		VII, Section A							0. 96,345. 0. 96,345.	0.		, 50	0. 64. 0. 64.
	tal number of individuals (including bu	it not limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	,000 of reportable			0
CO	mpensation from the organization											/es	No
line	the organization list any <b>former</b> offic a 1a? If "Yes," complete Schedule J fo	or such individual									3		X
an	r any individual listed on line 1a, is the d related organizations greater than \$	150,000? If "Yes,	" со	mple	ete S	Sche	edule	e J fe	or such individual		4		X
rer	d any person listed on line 1a receive on dered to the organization? If "Yes," or										5		Х
	B. Independent Contractors									• • • • • • • •			
	mplete this table for your five highest organization. Report compensation f										ation fro	om	

	(A) Name and business address NONE	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those li \$100,000 of compensation from the organization 0	sted above) who received more than	

232008 12-13-22

### BICYCLE COALITION OF GREATER PHILADELPHIA

			2022) PHILADELPHIA				23-2586	631 Page <b>9</b>
Pa	rt \	VIII						
Check if Schedule O contains a response or note to any line in this Part VIII							(2)	
					( <b>A)</b> Total revenue	Related or exempt	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b	183,778.				
An (		с	Fundraising events 1c	225,003.				
Gif ilar		d	Related organizations 1d					
Sins,			Government grants (contributions)					
itio		f	All other contributions, gifts, grants, and	100 252				
Oth			similar amounts not included above If 1,	406,352. 34,144.				
u du		-			1,815,133.			
<u> </u>		<u>n</u>	Total. Add lines 1a-1f	Business Code	<u>, , , , , , , , , , , , , , , , , , , </u>			
ø	2	а		Dusiness Coue				
vic	2	b						
Sei		c						
eve		d						
Program Service Revenue		е						
۲, E		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		10 120			10 120
			other similar amounts)		18,136.			18,136.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	-						
	0		Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
<u>م</u>	_		Net gain or (loss)	I				
Other	8	а	Gross income from fundraising events (not including \$ 225,003. of					
0			contributions reported on line 1c). See					
			Part IV, line 18	22,736.				
		b	Less: direct expenses 8b	85,024.				
				·····	-62,288.			-62,288.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold <b>10b</b>					
		C	Net income or (loss) from sales of inventory	Business Code				
sno	11	а	OTHER REVENUE	900099	2,780.			2,780.
ane		b			,			
Sells		c						
Miscellaneous Revenue		d	All other revenue					
_			Total. Add lines 11a-11d		2,780.			
	12		Total revenue. See instructions		1,773,761.	0.	0.	-41,372.
23200	9 12	2-13	-22					Form <b>990</b> (2022)

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### BICYCLE COALITION OF GREATER PHILADELPHIA

### Form 990 (2022)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respons Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	25,250.	25,250.		
individuals. See Part IV, line 22 3 Grants and other assistance to foreign	25,250.	23,230.		
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	115,482.	84,302.	8,908.	22,272.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	817,585.	605,148.	51,642.	160,795.
8 Pension plan accruals and contributions (include				4
section 401(k) and 403(b) employer contributions)	9,086.	6,633.	700.	1,753. 13,803.
9 Other employee benefits	85,353.	54,576.	16,974.	
10 Payroll taxes	82,186.	59,426.	7,364.	15,396.
<b>11</b> Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbyinge 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.)	40,793.	200.	40,344.	249.
12 Advertising and promotion	2077201	2001		
13 Office expenses	20,659.	781.	19,776.	102.
14 Information technology	29,230.	4,699.	19,654.	4,877.
15 Royalties				
16 Occupancy	91,033.	26,375.	64,658.	
17 Travel	8,001.	6,419.	587.	995.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,576.	1,326.	4,250.	100
23 Insurance	77,633.	25,963.	51,248.	422.
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.)	116 540	76 016	20 160	1 065
a CONTRACTED SERVICES b MISCELLANEOUS EXPENSES	116,540. 49,847.	76,015. 37,557.	39,460. 12,290.	1,065.
	28,910.	28,910.	14,490.	
	17,356.	5,400.	1,006.	10,950.
	52,621.	24,556.	7,384.	20,681.
e All other expenses	1,673,141.	1,073,536.	346,245.	253,360
<b>25 Joint costs.</b> Complete this line only if the organization		±,0,0,000	510,215.	200,000
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
232010 12-13-22				Form <b>990</b> (2022

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Form	990	(2022)

# BICYCLE COALITION OF GREATER PHILADELPHIA

	1990 (2 rt X	Balance Sheet			23-	2586631 Page 11
Pa						
		Check if Schedule O contains a response or note to any line in this P	art X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		176,858.	1	96,488.
	2	Savings and temporary cash investments		1,019,519.	2	813,541.
	3	Pledges and grants receivable, net	336,148.	3	629,760.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, direct			-	
		trustee, key employee, creator or founder, substantial contributor, or				
		controlled entity or family member of any of these persons			5	
ş	6	Loans and other receivables from other disqualified persons (as defin				
		under section 4958(f)(1)), and persons described in section 4958(c)(3			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ąŝ	9	Prepaid expenses and deferred charges		34,242.	9	33,720.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 18	1,607.			
	b		7,607.	4,776.	10c	4,000.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,323.	15	275,278.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		1,574,866.	16	1,852,787.
	17	Accounts payable and accrued expenses	64,824.	17	112,416.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
es	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or	35%			
iab		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		150,000.	24	
	25	Other liabilities (including federal income tax, payables to related third	b			
		parties, and other liabilities not included on lines 17-24). Complete Pa	art X			
		of Schedule D		7,762.	25	287,471.
	26	Total liabilities. Add lines 17 through 25		222,586.	26	399,887.
s		Organizations that follow FASB ASC 958, check here $X$				
- Ce		and complete lines 27, 28, 32, and 33.				
alaı	27	Net assets without donor restrictions		566,583.	27	508,975.
d B	28	Net assets with donor restrictions	······	785,697.	28	943,925.
ŝ		Organizations that do not follow FASB ASC 958, check here				
л Т		and complete lines 29 through 33.				
its (	29	Capital stock or trust principal, or current funds			29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		1 250 000	31	
ž	32	Total net assets or fund balances		1,352,280.	32	1,452,900.
	33	Total liabilities and net assets/fund balances		1,574,866.	33	1,852,787.

Form **990** (2022)

232011 12-13-22

BICYCLE	COALITION	$\mathbf{OF}$	GREATER
PHILADEI	PHIA		

Form	1 990 (2022) PHILADELPHIA	23-258	36631	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,773	3,7	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,673		
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,352	2,2	80.
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	1,452	2,9	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A Public Charity Status and Public Support					OMB No. 1545-0047					
										2022
Complete if the organization is a section 501(c)(3) organization 4947(a)(1) nonexempt charitable trust.			or a section		ZUZZ					
	of the Treasury		At	ttach to Forr	n 990 or Fo	orm 990-E	Ζ.			Open to Public
Internal Reve			Go to www.irs.gov/				e latest in	formation.	<b>_</b> .	Inspection
Name of	the organizati		CLE COALIT	TON OF	GREAT	'ER				identification number
Part I	Reason		ADELPHIA Charity Status.	(All organizat	ione must a	complete t	his nart ) S	See instruction		3-2586631
			lation because it is: (						13.	
<b>1</b>			urches, or association							
2			ion 170(b)(1)(A)(ii).				,	',~,')·		
3			hospital service org				)(b)(1)(A)(i	ii).		
4	-	-						-	.)(iii). Enter	the hospital's name,
	city, and state	e:								
5	An organizati	on operated for	or the benefit of a co	llege or unive	ersity owne	d or opera	ted by a g	overnmental	unit descrit	ped in
	section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6			vernment or governr							
7 📖	-		Illy receives a substa	intial part of i	ts support	from a gov	rernmenta	l unit or from 1	the general	public described in
•	•		omplete Part II.)		malata Dav	+ 11 \				
8 📖 9 🛄			ed in <b>section 170(b)</b> ganization described				ed in coni	inction with a	land-grant	college
J			grant college of agric							
	university:	n a nonnana g	grant concept of agric				name, en	y, and state o		
10 X		on that norma	Illy receives (1) more	than 33 1/3%	6 of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
										from gross investment
	income and u	nrelated busi	ness taxable income	(less section	n 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	See section	5 <b>09(a)(2).</b> (Co	mplete Part III.)							
11	An organizati	on organized a	and operated exclus	ively to test f	or public sa	afety. See	section 5	09(a)(4).		
12	-	-		-		-			-	e purposes of one or
			ganizations describe							Check the box on
<b>a</b> [		-	describes the type of		-				-	
a 🗆			anization operated, s on(s) the power to re			•	-			
		-	complete Part IV, Se			amajonty				supporting
b 🗌			anization supervised			tion with i	ts support	ed organizatio	on(s), by ha	aving
			of the supporting org					-		-
			t complete Part IV,							
c 🗌	Type III fur	ctionally inte	egrated. A supportin	g organizatio	n operated	in connec	tion with,	and functiona	Illy integrat	ed with,
_		0	n(s) (see instructions		•			-		
d 🗌	••		y integrated. A supp	0 0					•	
			tegrated. The organiz	•	2	•		•	d an attent	iveness
<b>a</b> [	- ·	,	ions). <b>You must cor</b> anization received a	•	•					
e 🗆		•	r Type III non-functio					а турет, туре	еп, туре п	
f Ent			organizations							
			n about the supporte							
	(i) Name of supp		(ii) EIN	(iii) Type of o	rganization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organization			(described or above (see in		Yes	No	support (see ir	nstructions)	support (see instructions)
Total										

		DICICHH	COULT 1 1 01					
	(Form 990) 2022	PHILADEI	<b>JPHIA</b>			23-25866	531	Page <b>2</b>
Part II	Support Schedule f	or Organizat	ions Describe	d in S	Sections 170(b)	(1)(A)(iv) and 170(b)(1)(A)(vi)		
	(Complete only if you chee	cked the box on	line 5, 7, or 8 of Pa	ırt I or i	if the organization fa	ailed to qualify under Part III. If the o	ganiza	ation
	fails to qualify under the te	ests listed below	, please complete	Part III	.)			

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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	ons)			12	
	First 5 years. If the Form 990 is for the	, ,	,				
	organization, check this box and <b>sto</b>	•					
Se	ction C. Computation of Pub						
14	Public support percentage for 2022 (	line 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 202	1 Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2022. If the						ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac						
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	ublicly supported	organization	-	
k	10% -facts-and-circumstances tes	•	•		•		
	more, and if the organization meets t	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2022

Schedule A (Form 990) 2022

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### BICYCLE COALITION OF GREATER PHILADELPHIA

## Schedule A (Form 990) 2022 PHILADELPHIA Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1187145 1612960 1742095 885,647. 1815133 7242980. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 200,924. 178,478. 379,402. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1086571. 1365623. 1612960. 1742095. 1815133. 7622382. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 25,000. 367,422 489,078. 144,883 739,478 1765861. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 25,000. 367,422. 489,078. 144,883. 739.478. 1765861 c Add lines 7a and 7b 5856521 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2022 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (f) Total 1365623 1086571. 1612960 1742095. 1815133. 7622382. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 691 2,051 4,018. 3,280 18,136. 28,176. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,051 4,018. 3,280 691. 18,136, 28,176. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 34,920. 37,889 233. 25,516 98,558. assets (Explain in Part VI.) 7749116. 1123542. 1407530. 1616240. 1743019. 1858785. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75.58 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 % 73.66 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .36 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 % .13 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 232023 12-09-22 Schedule A (Form 990) 2022 16

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### BICYCLE COALITION OF GREATER PHILADELPHIA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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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10b Schedule A (Form 990) 2022

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	BICICLE COALITION OF GREATER			
Sche	dule A (Form 990) 2022 PHILADELPHIA	23-258663	1 Pa	ige <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, s) upported		
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		
Sect	tion C. Type II Supporting Organizations	i		
			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		
Sect	tion D. All Type III Supporting Organizations	i		
			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	x		
	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 on 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		
Sect	tion 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 yea[see in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No

- 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 on 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. 232025 12-09-22

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3b Schedule A (Form 990) 2022

2a

2b

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### BICYCLE COALITION OF GREATER PHILADELPHIA

Sche	edule A (Form 990) 2022 PHILADELPHIA			23-2586631 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ing trust on	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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-	dule A (Form 990) 2022 PHILADELPHIA			2	3-2586631 Page 7
Pa		(a)(3) Supporting Org	anizations <sub>(continu</sub>	<u>ied)</u>	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	· · · ·		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		2	
	organizations, in excess of income from activity				
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	-	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
-	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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	CLE COALITION OF GREATER	23-2586631 Page <b>8</b>
Part VI Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an	<ul> <li>Provide the explanations required by Part II, line 10; Part I c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectid 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, art V, Section E, lines 2, 5, and 6. Also complete this part for</li> </ul>	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V,
SCHEDULE A, PART III, LI	NE 12, EXPLANATION FOR OTHER	INCOME:
OTHER INCOME		
2018 AMOUNT: \$ 1,325.		
2019 AMOUNT: \$ 2,669.		
2021 AMOUNT: \$ 233.		
2022 AMOUNT: \$ 2,780.		
FUNDRAISING GROSS INCOME		
2018 AMOUNT: \$ 33,595.		
2019 AMOUNT: \$ 35,220.		
2022 AMOUNT: \$ 22,736.		
232028 12-09-22 451222 793760 4294	21 2022.05010 BICYCLE COALITI	Schedule A (Form 990) 2023

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### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

GREATER

OMB No. 1545-0047

Employer identification number

23-2586631

BICYCLE	COALITION	$\mathbf{OF}$
PHILADEI	<b>JPHIA</b>	

Organization	type (check one):	
or gamzation		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

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

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

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 



Schedule B (Form 990)

Department	t of the	Treasury
Internal Rev	enue S	Service

Name of the organization

Schedule B (Form 990) (2022)	

Employer identification number

Page 2

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Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions          \$	Type of contribution         Person       X         Payroll       Image: Colspan="2">Image: Colspan="2" True Colspa="" True Colspan="2" True Colspan="2" True Co
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$78,098.	Person X Payroll Noncash (Complete Part II for
		—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
			(d)
No.		Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
No. 5 (a)	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)

Schedule B (F	orm 990) (2022)

Employer identification number

23-2586631

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>35,000.</u>	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		\$ <u>25,000.</u>	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
9		\$ <u>22,000.</u>	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>20,000.</u>	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>16,000.</u>	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>12</u> 223452 11-15		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	24		· · · ·

2022.05010 BICYCLE COALITION OF GREATE 4294\_\_\_1

Schedule I	B (Form	990) (2022	2)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$15,000.	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>    14</u>		\$13,650.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$ <u>12,000.</u>	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
16		\$10,000.	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
17		\$10,000.	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>18</u> 223452 11-15		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022
	25		

2022.05010 BICYCLE COALITION OF GREATE 4294\_\_\_1

Schedule B	(Form	990)	(2022)
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Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
19		\$9,249.       Person X         Payroll         Noncash         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
20		\$ 7,500.       Person X         Payroll       Noncash         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
		\$6,580.       Person X         Payroll         Noncash         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
22		\$6,250.       Person X         Payroll         Noncash         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
		\$6,100.       Person X         Payroll I       Noncash I         (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
24		\$S, 900. Complete Part II for noncash contributions.) Schedule B (Form 990) (202					

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Schedule I	B (Form	990) (2022	2)
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>5,399</u> .	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
26		\$5,388.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$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
28		\$5,000.	Person     X       Payroll
(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.)
223452 11-15	5-22 <b>77</b>		Schedule B (Form 990) (2022)

2022.05010 BICYCLE COALITION OF GREATE 4294\_\_\_1

HILA	DELPHIA		23-2586631
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	130 SHORT SLEEVE JERSEYS AND 130 BIBS	\$ 13,650	0. 04/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	56 SHARES OF IJR	\$5,388	06/28/22
(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. rom 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
		\$	
453 11-1	5-22		Schedule B (Form 990)

Name of organization

Page 3

Employer identification number

.

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. . . . . .

Schedule	B (Form 990) (2022)		Page <b>4</b>
	organization LE COALITION OF GREATER		Employer identification number
	DELPHIA		23-2586631
Part III		through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations
	Use duplicate copies of Part III if additional		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	·		
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		[	
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		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
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
223454 11-1	15-22	29	Schedule B (Form 990) (2022)

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SCHEDULE C	Po	litical Campaign	and Lobbyin	ng Activities	OMB No. 1545-0047
(Form 990)	For Org	7   <b>2022</b>			
		anizations Exempt From Incom if the organization is described			
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for i	nstructions and the la	atest information.	Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campa	aign Activities), then
	-	plete Parts I-A and B. Do not co	•		
		01(c)(3)) organizations: Complete	Parts I-A and C below	v. Do not complete Part	: I-B.
Section 527 organization		•		ine 47 (Labbying Activ	vitica) than
		<b>Form 990, Part IV, line 4, or Fo</b> have filed Form 5768 (election ur			
		have NOT filed Form 5768 (election di		-	
	-				990-EZ, Part V, line 35c (Proxy
Tax) (See separate inst					
	-	tions: Complete Part III.			
Name of organization		COALITION OF GR	EATER	E	Employer identification number 23-2586631
Part I-A Comple	PHILADE	anization is exempt und	er section 501(c)	or is a section 52	
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
		ures			\$
3 Volunteer hours for					
	-	anization is exempt und			
		incurred by the organization und			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
<b>b</b> If "Yes," describe in					
Part I-C Comple	ete if the org	anization is exempt und	er section 501(c)	, except section 5	501(c)(3).
1 Enter the amount d	irectly expended	by the filing organization for sec	ction 527 exempt func	tion activities	\$
2 Enter the amount o	f the filing organ	ization's funds contributed to otl	her organizations for s	ection 527	
					\$
-	-	. Add lines 1 and 2. Enter here a			•
		<b>1120-POL</b> for this year?			
		nployer identification number (Ell		olitical organizations to	
		tion listed, enter the amount paid		-	
contributions receiv	ved that were pro	omptly and directly delivered to a	a separate political org	anization, such as a se	parate segregated fund or a
political action com	mittee (PAC). If	additional space is needed, prov	ide information in Part	: IV.	
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fro	
				filing organization funds. If none, enter	
					delivered to a separate
					political organization. If none, enter -0
					,
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Schedule C (Form 990) 2022
LHA					

Schedule C (F		PHILADEI	COALITION LPHIA	Or	GREATER		23-	-258663	31	Pa
	Complete if the org			sec	tion 501(c)(3)	and filed Form				
	section 501(h)).									

#### if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, Α Check expenses, and share of excess lobbying expenditures). В Check if the filing organization checked box A and "limited control" provisions apply.

(The term "expenditures" means amounts paid or incurred.) organization's totals	totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total lobbying expenditures (add lines 1a and 1b)	
d Other exempt purpose expenditures	
e Total exempt purpose expenditures (add lines 1c and 1d)	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000 \$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less, enter -0-	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720	
reporting section 4911 tax for this year?	Yes No
4-Year Averaging Period Under Section 501(h)	

### (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)(a) 2019(b) 2020(c) 2021(d) 2022(e) Total								
2a Lobbying nontaxable amount								
<b>b</b> Lobbying ceiling amount								
(150% of line 2a, column(e))								
<b>c</b> Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2022

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### Schedule C (Form 990) 2022

### BICYCLE COALITION OF GREATER PHILADELPHIA

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

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$	X	37			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?	x	X		429.	
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x	_	1,429.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x		55	3,148.	
	Other activities?				9,577.	
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x	5.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5). or se	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	political				
_	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:					
	AT II-D, DINE I, DODDIING ACTIVITIES.					
POI	LICY:					
BCO	GP CONDUCTED LOBBYING ACTIVITIES AT THE PENNSYLVANI	A STA	ГЕ			
<u>LE</u> (	GISLATURE TO SEEK PASSAGE OF HB140, A STATE BILL TH	AT AM	ENDS T	HE		
ST	ATE VEHICULAR CODE TO ALLOW VEHICLES TO BE PARKED M	ORE TH	HAN 12	INCHI	ES	
FRO	OM THE ROAD. ACTIVITIES INCLUDED ACTIVATING PHONE C	ALLS A				

Schedule C (Form 990) 2022

232043 11-08-22

BICYCLE COALITION OF GREATER	
Schedule C (Form 990) 2022     PHILADELPHIA       Part IV     Supplemental Information (continued)	23-2586631 Page 4
FROM CONSTITUENTS TO STATE SENATORS AND ATTENDING VIRTUAL N	MEETINGS WITH
SENATE STAFF. BCGP ALSO TESTIFIED IN FAVOR OF PHILADELPHIA	CITY COUNCIL
ORDINANCES THAT ADDRESSED THE 15TH STREET BIKE LANE, PARKIN	1G
REGULATIONS (WASHINGTON AVENUE) AND TRANSIT BENEFITS.	
	Schedule C (Form 990) 2022
232044 11-08-22 33 451222 703760 4204 2022 05010 PICYCLE CONTENTON OF	

09451222 793760 4294

(Forn	HEDULE D n 990) ment of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 0 for instructions and the latest informatio	OMB No. 1545-0047 <b>2022</b> Open to Public Inspection									
	Revenue Service		•										
Nam	e of the organizati		identification number 3-2586631										
Par	t I Organiza	PHILADELPHIA ations Maintaining Donor Advise	ed Funds or Other Similar Funds o										
		n answered "Yes" on Form 990, Part IV, lir											
	3		(a) Donor advised funds	(b) Funds an	d other accounts								
1	Total number at er	nd of year		( )									
2		f contributions to (during year)											
3	Aggregate value of grants from (during year)												
4													
5													
Ū	are the organization's property, subject to the organization's exclusive legal control?												
6													
•	•	•	• •	2									
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?												
Par			ganization answered "Yes" on Form 990, Par										
1		servation easements held by the organizat	-	,									
		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	nistorically impor	tant land area								
		f natural habitat	Preservation of a c										
		n of open space											
2		• •	fied conservation contribution in the form of a	a conservation e	easement on the last								
	day of the tax year	<b>.</b>			at the End of the Tax Year								
а	Total number of co	onservation easements		2a									
b													
c													
d		vation easements included in (c) acquired											
		.,	• • •	2d									
3			leased, extinguished, or terminated by the or		ng the tax								
	year			-	-								
4	Number of states	where property subject to conservation ea	sement is located										
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of										
	violations, and enf	orcement of the conservation easements i	t holds?		Yes No								
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easemen	ts during the year								
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements du	ring the year								
8			ve satisfy the requirements of section 170(h)(										
					Yes No								
9	In Part XIII, descril	be how the organization reports conservat	ion easements in its revenue and expense st	atement and									
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's financial statement	s that describes	s the								
		ounting for conservation easements.			-								
Par			f Art, Historical Treasures, or Oth	er Similar A	ssets.								
	Complete if	f the organization answered "Yes" on Form	n 990, Part IV, line 8.										
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet	works								
	of art, historical tre	easures, or other similar assets held for pu	blic exhibition, education, or research in furth	erance of public	0								
	· •		ncial statements that describes these items.										
b			58, to report in its revenue statement and bal										
			c exhibition, education, or research in further	ance of public s	ervice,								
	•	ing amounts relating to these items:											
	.,			\$									
2			asures, or other similar assets for financial ga	ain, provide									
		unts required to be reported under FASB A											
		eduction Act Notice, see the Instruction	s tor Form 990.	Sche	dule D (Form 990) 2022								
23205	09-01-22		24										
			34										

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	BICYCLE C	COALITION	OF G	REATE	R					
	dule D (Form 990) 2022 PHILADELE							2586631 <sub>Page</sub> 2		
Par	t III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tr	easures, o	or Other	Similar As	sets(continued)		
3	Using the organization's acquisition, accession,	, and other records	s, check a	any of the	following that	it make sign	ificant use of	fits		
	collection items (check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	е	o	ther						
с	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explair	n how the	y further t	he organizati	on's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or re	eceive donations c	of art, hist	orical trea	sures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be maint	tained as part of th	he organi	zation's co	ollection?			Yes No		
Par	t IV Escrow and Custodial Arrange	ements. Comple	te if the c	organizatio	on answered	"Yes" on Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for co	ontributior	ns or other as	sets not inc	luded			
	on Form 990, Part X?							Yes No		
b	If "Yes," explain the arrangement in Part XIII and									
								Amount		
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on Form						?	Yes No		
	If "Yes," explain the arrangement in Part XIII. Cr									
Par										
	(4	a) Current year	(b) Prie	or year	(c) Two year	rs back (d)	Three years ba	ack (e) Four years back		
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curren	t vear end balance	e (line 1a	column (;	a)) held as:					
	Board designated or quasi-endowment		%		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	Permanent endowment	%								
c	Term endowment %									
· ·	The percentages on lines 2a, 2b, and 2c should	equal 100%								
3a	Are there endowment funds not in the possessi		tion that	are held a	nd administe	red for the				
ou	organization by:	ion of the organize						Yes No		
	(i) Unrelated organizations							3a(i)		
h	<ul><li>(ii) Related organizations</li><li>b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?</li></ul>									
4	Describe in Part XIII the intended uses of the or							3b		
	t VI Land, Buildings, and Equipmer	<u> </u>	wittent tu	1103.						
	Complete if the organization answered ""		Part IV	line 11a S	See Form 990	) Part X line	e 10			
	Description of property	(a) Cost or ot	· · · ·		or other	(c) Accu		(d) Book value		
	Description of property	basis (investm			(other)	depree		(u) BOOK value		
10	Land			54515	(30131)	dopier				
	Land									
	Buildings									
	Leasehold improvements			1 3	1,107.	1 2	7,107.	4,000.		
	Equipment				0,500.		0,500.	<u> </u>		
	Other	I Form 000 Dove 1	X colum		-		•,500•	4,000.		
Tota	Aud intes ra through re. (Column (d) must equa	ai ruini 990, Part /	∧, coluinr	ו שוזוו , (ם) י				=,000.		

Schedule D (Form 990) 2022

232052 09-01-22

BICYCLE	COALITION	OF	GREATER

Schedule D (Form 990) 2022 PHILADELPHI	A	2	3-2586631 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-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'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-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'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			3,323.
(2) RIGHT OF USE ASSET - OPER	RATING LEASE		271,955.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		275,278.
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUNDS HELD FOR OTHERS			3,380.
(3) OPERATING LEASE OBLIGATIO	DN		284,091.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)		287,471.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statemen	ts 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... X

Schedule D (Form 990) 2022

232053 09-01-22

	BICYCLE COALITION OF GREA	TER			
Sche	dule D (Form 990) 2022 PHILADELPHIA		2586631 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,871,285.
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	12,500.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	12,500.
3	Subtract line 2e from line 1			3	1,858,785.
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	-85,024.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-85,024.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,773,761.
Pa	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	i <b>rn.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:				
1	Total expenses and losses per audited financial statements			1	1,770,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	12,500.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	85,024.		
е	Add lines 2a through 2d			2e	97,524.
3	Subtract line 2e from line 1			3	1,673,141.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,673,141.
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.

PART X, LINE 2:

GAAP	REÇ	QUI	RES	ENT	TITIE	IS 1	CO E.	VALU	JATE	Ξ, Ι	MEA	SURI	Ξ, Ι	RECO	GN	IZE	AND	DIS	SCI	LOSE	E ANY	
UNCE	RTA]	N	INCO	OME	TAX	POS	SITI	ONS	TAK	KEN	ON	THE	EIR	ТΑΣ	K R	ETU	RNS.	GAZ	AP	PRE	ESCRI	BES
A MI	NIM	JM I	RECO	OGNI	TION	I TH	IRES	HOLI	) TH	IAT	Α '	TAX	PO	SITI	ON	IS	REQ	UIRI	ED	то	MEET	IN
ORDE	R Т(	) В	E RI	ECOC	SNIZE	D ]	IN T	HE I	FINA	ANC	IAL	ST	ATE	MENT	s.	TH	E OR	GAN	IZA	ATIC	DN	
BELI	EVES	з т	НАТ	IT	HAD	NO	UNC	ERTI	AIN	TA	X P	osi	rio:	NS Z	s	DEF	INED	IN	GA	AAP.		

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

### FUNDRAISING EXPENSES

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85,024.

-85,024.

chedule D (Form 000) 2022	BICYCLE COALITION OF GREATER PHILADELPHIA	23-2586631 <sub>Pag</sub>
chedule D (Form 990) 2022 Part XIII Supplemental Info	prmation (continued)	23-2300031 Pag
		Schedule D (Form 990)
2055 09-01-22	20	
51222 793760 4294	38 2022.05010 BICYCLE COALI	TION OF GREATE 4294

SCHEDULE G	Suppleme	ntal Information Regarding	J Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on rganization entered more than \$1				or 19,	or if the	2022		
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public									
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organizatior	ne organization BICYCLE COALITION OF GREATER Employer identification number 23-2586631									
	ing Activities.	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990	)-EZ filers are not		
a 🔛 Mail solicitat	ions email solicitations tations		tion of tion of	non-g gover	overnment grants nment grants					
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any individua art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu organization.	profess	ional f	undraising services?	•		fes No to be		
(i) Name and addres or entity (func		(ii) Activity	fundr have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	(v) to (or retained by)		
			Yes	No						
Total       3     List all states in whi	ch the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt fro	m registration		
or licensing.										

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

Schedule G (Form 990) 2022

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#### BICYCLE COALITION OF GREATER PHILADELPHIA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	of fundra	sing event contributions a	nd gross income on Form 990		÷ :	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 VISION ZERO 2023	(c) Other events	<b>(d)</b> Total events (add col. <b>(a)</b> through
e			(event type)	(event type)	(total number)	. col. <b>(c)</b> )
Revenue	1 Gross receipt	s	117,182.	78,485.	47,090.	242,757.
2	2 Less: Contrib	utions	94,446.	78,485.	47,090.	220,021.
	3 Gross income	e (line 1 minus line 2)				22,736.
4	4 Cash prizes					
	5 Noncash priz	es	23,944.			23,944.
chense	6 Rent/facility of	osts	8,700.	2,254.	1,912.	12,866.
Direct Expenses	7 Food and be	verages	22,758.	7,915.	3,135.	33,808.
- I .		t				4,500. 9,906.
		expenses		5,264.	788.	9,906.
	•	e summary. Add lines 4 th	•			85,024. -62,288.
	t III Gamin	ummary. Subtract line 10 f <b>J.</b> Complete if the organiza on Form 990-EZ, line 6a.	ation answered "Yes" on Forn			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
. Re	1 Gross revenu	e				
ses	2 Cash prizes					
Expenses	3 Noncash priz	es				
Ե	4 Rent/facility of	osts				
		wp.op.o.o.				
	5 Other direct e	expenses	Yes %	Yes %	Yes %	

7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

**b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2022

Yes

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No

0	a de la	BICYCLE (		ION O	F GREA	ATER				621	Page <b>3</b>
-	edule G (Form 990) 2022	PHILADELE							100	Yes	Page 3
	Does the organization conduct ga Is the organization a grantor, bene									res	
	to administer charitable gaming?									Yes	
13	Indicate the percentage of gaming										
а	The organization's facility								13a		%
	An outside facility								13b		%
14	Enter the name and address of the	e person who prep	pares the or	rganizatior	n's gaming/s	special ever	its books an	d records:			
	Name										
	Address										
15a	Does the organization have a cont	tract with a third pa	arty from w	hom the o	rganization	receives ga	ming revenu	ie?	🗆	Yes	🗌 No
b	If "Yes," enter the amount of gami	ing revenue receive	ed by the o	organizatio	n \$		and	the amount			
	of gaming revenue retained by the		,	0	·						
c	If "Yes," enter name and address	of the third party:									
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	\$									
	Description of some issue provided										
	Description of services provided										
	Director/officer	Employee	E	Indep	endent con	tractor					
17	Mandatory distributions:										
	Is the organization required under	<sup>r</sup> state law to make	charitable	distributio	ns from the	gaming pro	ceeds to				
	retain the state gaming license?								📖	Yes	L No
b	Enter the amount of distributions organization's own exempt activiti			e distribute	ed to other	exempt orga	anizations or	spent in the			
Pa	rt IV Supplemental Infor			ations requ	uired by Pa	t I, line 2b,	columns (iii)	and (v); and Pa	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also p	rovide any	additional	information	. See instru	ctions.				
2320	33 10-27-22							Sched	ule G	Form	990) 2022
					41						

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BICYCLE	COALITION	$\mathbf{OF}$	GREATER
PHILADEI	<b>LPHIA</b>		

Schedule G	i (Form 990)	PHILADELPHIA	23-2586631 <sub>Pag</sub>	e <b>4</b>
Part IV	(Form 990) Supplemental Info	ermation (continued)		
			Schedule G (Form	<u>390)</u>
232084 04-01-	22		 -	

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury	Attach to Form 990.     Open to Public								
Internal Revenue Service	D T OTIOT T			.gov/Form990 for	the latest inform	ation.		Inspection	
Name of the organization	ON BICYCLE C PHILADELP		OF GREATER					Employer identification number 23-2586631	
Part I General In	formation on Grants a	and Assistance							
criteria used to a <b>2</b> Describe in Part I	ation maintain records ward the grants or assi V the organization's pr	stance?	oring the use of grant	funds in the Unite	ed States.			X Yes No	
	Other Assistance to					anization answered "Y	es" on Form 990, Par	IV, line 21, for any	
1 (a) Name and ad	at received more than dress of organization ernment	\$5,000. Part II can (b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	ded. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance	
2 Enter total number	er of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table					

3 Enter total number of other organizations listed in the line 1 table .

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

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Schedule I (Form 990) 2022

#### BICYCLE COALITION OF GREATER PHILADELPHIA

Schedule I (Form 990) 2022

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Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	10	25,250.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WHEN SCHOLARSHIP RECIPIENTS ARE SELECTED, CONTRACTS ARE DRAWN UP BY THE

HEAD OF THE YOUTH PROGRAM DETAILING THE SCHEDULE OF PAYMENTS AND TO WHOM

FUNDS ARE PAYABLE. FUNDS ARE ALMOST ALWAYS SENT DIRECTLY TO THE EDUCATIONAL

ORGANIZATION ATTENDED BY SCHOLARSHIP RECIPIENT AND THEREFORE NO ADDITIONAL

MONITORING IS NECESSARY.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

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.

Inspection Employer identification number

Name	of the	organizatio	n

#### Go to www.irs.gov/Form990 for instructions and the latest information. BICYCLE COALITION OF GREATER

23-2586631

	PHILADELPHIA						
Part I	Types of Property						
	(a) Check if						

		(a)	(b)	(C)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	\$
				Form 990, Part VIII, line 1g		ation al		<u> </u>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	5,388.	FMV ON DATE	OF	DO	NAT
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 (BUSINESS CARDS)	X	1	13,650.	FMV ON DATE	OF	DO	NAT
26	Other ( AUCTIONED ITEMS )	X	1	7,594.	FMV ON DATE	OF	DO	NAT
27	Other (SHOES)	X	1	4,500.	FMV ON DATE	OF	DO	NAT
28	Other (BIKES)	X	1	1,550.	FMV ON DATE	OF	DO	NAT
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	ontributions				
	for which the organization completed Form 82						0	
	<b>.</b> .			·····			Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31	х	
	Does the organization hire or use third parties							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.		•••••					
33	If the organization didn't report an amount in c	column (c) fa	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.		-71 21 8169010	,	· ,			

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BICYCLE COALITION OF GREATER PHILADELPHIA

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CARD

Schedule M (Form 990) 2022

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.

(D) METHOD OF DETERMINING REVENUE: FMV ON DATE OF DONATION

TRANSPORTATION

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 462.

(D) METHOD OF DETERMINING REVENUE: FMV ON DATE OF DONATION

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

(1 0111 000)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. BICYCLE COALITION OF GREATER

EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

23-2586631

PHILADELPHIA

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

PHILADELPHIA'S VISION ZERO BUDGET GREW TO ITS LARGEST EVER IN THE FY24 PROPOSED BUDGET. FAMILIES FOR SAFE STREETS GREATER PHILADELPHIA HAD 2 BIG VICTORIES: WHEN THE PHILADELPHIA POLICE DEPARTMENT RENAMED THE ACCIDENT INVESTIGATION DIVISION TO CRASH INVESTIGATION DIVISION AND THE STREETS DEPARTMENT EXECUTED A PILOT PROGRAM TO HAVE SANITATION TIMES START EARLIER TO AVOID MORNING RUSH HOURS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BICYCLE COALITION INCREASED ACCESS TO BIKE SAFETY EDUCATION

MATERIALS BY EXPANDING OUR OFFERINGS TO BE AVAILABLE IN ENGLISH,

SPANISH, MANDARIN, VIETNAMESE, RUSSIAN AND HAITIAN CREOLE. WE CREATED A

NEW 3-MINUTE BIKE SAFETY VIDEO AVAILABLE IN ALL 6 LANGUAGES AS WELL AS

BIKE SAFETY BROCHURES. THROUGH VELOLINGO OVER 180 PHILADELPHIANS ALSO

PARTICIPATED IN CLASSES AND RIDES OFFERED IN SPANISH. IN ADDITION, OVER

420 PEOPLE VISITED THE BARTRAM'S GARDEN BIKE HUB THAT WAS OPEN 2 DAYS A

WEEK FROM APRIL-NOVEMBER. AT THE BIKE HUB, PARTICIPANTS RENTED BIKES

FOR FREE OR PARTICIPATED IN GROUP RIDES OR LEARN TO RIDE CLASSES FOR

KIDS AND ADULTS. LASTLY, BCGP INCREASED ACCESS TO BIKE SAFETY AND BIKE

PLAY IN HUNTING PARK AT THE LIL' PHILLY SAFETY VILLAGE. THROUGH THIS

PROGRAM IN 2022, WE ENGAGED OVER 66 YOUNG PEOPLE IN OUR PROGRAMS

INCREASING THE NUMBER OF KIDS WHO USE THE LIL' PHILLY SAFETY VILLAGE

AND THEREFORE EMBRACE PHYSICAL ACTIVITY AS A HEALTHY HABIT AND

ASSOCIATE BICYCLES AS A FUND MODE OF TRANSPORTATION.

 EXPENSES \$ 101,256.
 INCLUDING GRANTS OF \$ 0.
 REVENUE \$ 0.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 Schedule O (Form 990) 2022

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2022.05010 BICYCLE COALITION OF GREATE 4294\_\_\_1

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

THE 990 IS MADE AVAILABLE TO BOARD MEMBERS WHO SIT ON THE FINANCE COMMITTEE TO REVIEW AND COMMENT ON PRIOR TO ITS FILING.

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

EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER ("INTERESTED PERSON") WILL BE ASKED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND ACKNOWLEDGE THAT THEY HAVE DONE SO. ANNUALLY, EACH INTERESTED PERSON SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY POTENTIAL CONFLICTS OF INTERESTS. IF A CONFLICT OF INTEREST EXISTS, THE INTEREST PERSON SHALL DISCLOSE ALL MATERIAL FACTS RELATING TO THAT CONFLICT. THE INTERESTED PERSON THAT HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S DISCUSSION ON THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND RESPOND TO QUESTIONS. THE INTERESTED PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE MATTER AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN A VOTE IS TAKEN. INTERESTED PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A MATTER THAT IS NOT SUBJECT TO BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THEIR SUPERVISORS, OR THE CHAIR, OR THE CHAIR'S DESIGNEE, ANY CONFLICT OF INTEREST.

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

 AS PART OF THE ANNUAL BUDGETING PROCESS, THE BOARD OF DIRECTORS WILL

 DETERMINE THE ADEQUACY OF EXECUTIVE COMPENSATION, BASED UPON CURRENT

 FINANCIAL CONDITION OF THE ORGANIZATION AND WILL ALSO CONSIDER COMPENSATION

 LEVELS AT OTHER SIMILAR SIZED AND TYPE NON-PROFIT ORGANIZATIONS. UPON

 CHANGES IN KEY EXECUTIVE POSITIONS, THE EXECUTIVE COMMITTEE OF THE BOARD

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Name of the organization		Employer identification number
	PHILADELPHIA	23-2586631

# WILL MAKE A FORMAL AND DETAILED ANALYSIS OF THE COMPENSATION REQUIREMENTS

## OF THESE RESPECTIVE POSITIONS.

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

## THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND

# CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

232212 10-28-22