Form	99	20	p	Poturn	of Organizat	ion Exemn	t From Incor	no Ta	v		F	OMB No. 15	45-0047
Form					•	•						20 ⁻	15
					527, or 4947(a)(1) o			-		tions)			
		the Treasury			er social security n		•	•				Dpen to I Inspec	
		ue Service	ar year, or tax yea		n about Form 990 a ing		, 2015, and ei		90.			20	
_		applicable:			BICYCLE COAL	ITTION	, 2010, and ci	laing				ver identific	cation no.
	Address c										80-01		
	Name cha	-	-		f mail is not delivered to st	reet address)		Room/su	uite			one number	
I	nitial retu	Irn	2100 ORET	HA CAS	TLE HALEY BLV	D					(504)	861-40)22
F	inal retur	rn/terminated	City or town, state o	or province, c	ountry, and ZIP or foreign [postal code						237,64	ŧ1
/	Amended	return	New Orlean	ns, LA	70113					G	Gross r	eceipts \$	
/	Applicatio	n pending	F Name and address	of principal o	fficer:			H(a)	Is this a gr	oun retu	rn for	_	_
									subordinat	es?		Yes	No
						4947(a)(1) or	527	H(b)	Are all sub If "No	o," attach	n a list. (see	e instruction	
-	Nebsite:		'P://WWW.BIKE					H(c)	1				
	rt I	<u> </u>	Corporation Trus	ist 🔄 Assoc	iation 🚺 Other 🕨		L Year of formation: 2	003	M State	of legal	domicile:	LA	
га	1	Summar Briefly deser	•	on's missio	n or most significant	activitios: Th e	Notro Digua		11-10	- of	Nou	0	
	1	-	-		d to making h		Metro Bicyc						-
ce		for ever	-	eurcate	a to making i	Dicycling in	GIEALEI NEW	ULTES	uis ea	5y, 1	sare,		<u>.un</u>
nan		TOT EVEL	yone.										
Governance	2	Check this be	ox ► 🗌 if the orga	anization	discontinued its operation	ations or disposed	l of more than 25%	of its net	assets.				
ő	3		_ 0		ning body (Part VI, li	•				3			13
s S	4	Number of ir	ndependent voting	members	of the governing boo	dy (Part VI, line 1b)			4			13
vitie	5	Total numbe	r of individuals emp	nployed in a	calendar year 2015 (Part V, line 2a)				5			6
Activities &	6	Total numbe	r of volunteers (est	timate if ne	ecessary)					6			60
	7a	Total unrelat	ed business reven	nue from P	art VIII, column (C),	line 12				7a			0
	b	Net unrelate	d business taxable	e income f	rom Form 990-T, line	934	••••••••••••••••••••••••••••••••••••••			7b			0
							_	Р	rior Year			urrent Yea	
đ	8		s and grants (Part)		,		•••••			,093			78,173
nue	9	•	,		2g)		-		58	,177		5	59,468
Revenue	10 11			• •	, lines 3, 4, and 7d)		-						0
ш	12		•	. ,	s 5, 6d, 8c, 9c, 10c, a iust equal Part VIII, c		-		160	,270			0 37,641
	13			- ·	, column (A), lines 1	. ,	,		102	,270		2	0,7,041 0
	14		•	`									0
	15				penefits (Part IX, col		-		65	,047		12	24,449
Expenses					lumn (A), line 11e)		-			-			0
pen	b	Total fundrai	sing expenses (Pa	art IX, colu	mn (D), line 25) 🕨		15,469						
Щ	17	Other expension	ses (Part IX, colum	nn (A), line	s 11a-11d, 11f-24e)				54	,139		11	10,602
	18	Total expens	es. Add lines 13-1	17 (must e	qual Part IX, column	(A), line 25) .			119	,186		23	35,051
	19	Revenue les	s expenses. Subtr	ract line 18	3 from line 12				43	,084	•		2,590
s or nces							-	Beginning	g of Current			End of Year	
sset Bala	20		· · · · ·				-		49	,972		5	52,562
Net Assets or Fund Balances	21						-						0
	22 rt II		re Block	Subtract II	ne 21 from line 20 .	••••			49	,972			52,562
				d this return,	including accompanying so	chedules and statement	s, and to the best of my kr	iowledge a	nd belief, it i	is			
true, c	orrect, ar	nd complete. Decl	aration of preparer (othe	er than officer) is based on all informatio	n of which preparer has	any knowledge.						
		DAN	FAVRE										
Sig	n		e of officer							Date			
Her	e	DAN	FAVRE, EXECU	UTIVE D	IRECTOR								
_			print name and title										
	I	Print/Type pre	eparer's name		Preparer's signature		Date		Check	if P	PTIN		
Pai			Tucker CPA	. z	achary Tucker	CPA	12-14-2016		self-employ	ed	P015	74162	
	parer		► Tuc	cker AC	S LLC			Firm's E	IN 🕨				
Use	e Only	Firm's addres			l Street Suit	ce 418		Phone n	0.				
					ns LA 70112						62-66		<u> </u>
May	the IRS	5 discuss this	return with the pre	eparer sho	wn above? (see insti	ructions)					X	Yes	No

Form	n 990 (2015) METRO BICYCLE COALITION	80-0100169	Page 2
Pa	rt 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:		
	The Metro Bicycle Coalition of New Orleans, dba Bike Easy, is dedicated to ma	aking bicycli	ng
	in Greater New Orleans easy, safe, and fun for everyone.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes <u>x</u>	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes <u>x</u>	Νο
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners,	
	the total expenses, and revenue, if any, for each program service reported.		
4-		¢ 27	1.60.)
4a	(Code:) (Expenses \$ 33,793 including grants of \$) (Revenue		<u>168</u>)
	Bike Easy Community Education & Safety programming gives people of all ages a skills and confidence to ride their bike safely and aims to teach all people		LIIE
	walking, biking, or driving - how to prioritize safety for everyone. We teach		
	rules of the road, skills to successfully ride in traffic, how to drive arour		147
	bike lanes in town, strategies for safely getting around on foot, and more.		
	to be safety stewards and help spread these skills throughout the community.		
	includes community bike safety workshops, in-school instruction, community r		
	the trainers" classes, and various communications campaigns to promote safety		5
4b	(Code:) (Expenses \$1,738 including grants of \$) (Revenue Bike Easy supports the vibrant and growing Greater New Orleans bicycle cultur		100)
	encouragement and events that help get people riding and build community. Eve		Biko
	to Work Day, Bike Valet, and Bicycle Second Lines.	since include	DIKE
	to work bay, blke varet, and bicycre become bines.		
4c	(Code:) (Expenses \$19,421 including grants of \$) (Revenue		200)
	Bike Easy engages the public and developing civic leaders through Advocacy an	nd Organizing	to
	promote healthy, equitable transportation policies and to continue developing	-	f
	safe bikeways for people throughout the region. This work includes spreading		
	online, via the media, in community meetings, and through grassroots outreach		
	conducts various advocacy trainings, including the Claiborne Corridor Ambassa	adors Program	•
4d	Other program services (Describe in Schedule O.)		
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 74,952	1	
			990 (2015)

	990 (2015) METRO BICYCLE COALITION 80-01001	.69	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44-1		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	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			
124	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		х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			37
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
	If "Yes," complete Schedule G, Part III	Eorm	990 (2	2015)
EEA			330 (.	ະບາວ)

Form **990** (2015)

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Pa	rt IV Checklist of Required Schedules (continued)				1
		-		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	•••	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	••	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		Х
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	Х	
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 Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	•••	2-10		
U	to defease any tax-exempt bonds?		24c		
d		-	240 24d		
		•••	24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		05-		37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	•••	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	••-	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II	•••	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	•••	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete				
	Schedule L, Part IV		28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	Γ			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	••-			- 25
51			31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	••+	51		
52			32		X
22	complete Schedule N, Part II	••+	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				37
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	••+	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				37
	or IV, and Part V, line 1	-	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	••	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•••	35b		<u> </u>
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	F			1
	19? Note. All Form 990 filers are required to complete Schedule O		38	Х	
			-		

Form	990 (2015) METRO BICYCLE COALITION	80-010016	9	P	Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • • • • • • • • • • • • • •			
		_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Х	
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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
	(FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	[5c		ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	[7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е			7e		Х
f			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:		5.5		
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
N N	against amounts due or received from them.)				
12a		1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.				
h					
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				
~					
C			140		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Χ
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1	14b		Ĺ

Form	990 (2015) METRO BICYCLE COALITION 80-0100	.69	Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
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			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		v
L	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
0	stockholders, or persons other than the governing body?	7b		X
8	the year by the following:			
2		8a	Х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	- 21	
J	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	J		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u>.</u>	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			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: DAN FAVRE (504)861-4022, 2100 ORETHA CASTLE HALEY BLVD, New Orleans, LA 70113			
	DIM TINKE (504)001-4022, 2100 OKETIK CADIDE RADEI BLVD, NEW OLIEGIE, DA /0115			

Form 990 (20	METRO BICYCLE COALITION	80-0100169	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or we tax year.	ithin the	

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

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

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

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

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

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

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

				(0					
(A) Name and Title	(B) Average hours per week (list any	box, u	t check unless p	c mo pers	ition ore than one on is both a ector/trustee	n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
·	week (its) any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAN FAVRE EXECUTIVE DIRECTOR	40.00			x			37,495	0	0
(2) KEITH HOLT	40.00						0,,,100	U	
COMMUNITY EDUCATION MANAGER				x			15,540	0	0
(3) VIRGINIA BRISLEY SCHOOL-COMMUNITY OUTREACH COORDINAT	25.00			x			24,606		0
(4) JILL MURRAY DIRECTOR & PRESIDENT	2.00			x			0		0
(5) CHARLIE THOMAS DIRECTOR & VICE PRESIDENT	2.00			x			0	0	0
(6) DAN JATRES DIRECTOR & TREASURER	2.00			X			0		0
(7) JOLIE LEMOINE DIRECTOR & SECRETARY	2.00			x			0	0	0
(8) MATTHEW GREIG DIRECTOR & ADVOCACY COMMITTEE CHAIR	2.00			x			0	0	0
(9) NAOMI DOERNER EXECUTIVE DIRECTOR	40.00					x	5,647	0	0
(10)ANNEKA OLSON COMMUNITY EDUCATION MANAGER	40.00					x			0
(11)				T			,•••		
(12)									
<u>(13)</u>									
<u>(14)</u>									
									Eorm 000 (2015)

	00 (2015) METRO BICYCLE COAL	ITION								80-0100)169	P	age 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	vees, a	nd H	ligh	est	Comp	ensa	ted Employees (d	continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	box, u office	Inless r and	a dire	tion ore th on is ector/f	an one both an trustee)	Fo	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	a	(F) Estimated amount of other mpensatio	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	oi	from the rganizatio nd related ganizatior	in d
<u>(</u> 15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total		•••	•••	•••			•					
	Total (add lines 1b and 1c)								104,896	c)		0
2	Total number of individuals (including but not limited									-			
	reportable compensation from the organization									C)	Yes	No
3	Did the organization list any former officer, director,		• •	•		-		•			2	v	
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep								tion from the		3	X	
	organization and related organizations greater than												77
5	individual									••••	4		X
	for services rendered to the organization? If "Yes,"	•		-			-		•••••		5		Х
	on B. Independent Contractors	d fa dan an dar								- (
1	Complete this table for your five highest compensate compensation from the organization. Report compensation year.												
	(A)								(B)			(C)	
	Name and business address								Description of s	services	Com	pensation	n

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

Form 99	<u>`</u>	•	CYCLE COALI	TION			80-01001	. 69 Page
an	VIII	Statement of Revenu						
		Check if Schedule O contair	is a response or	note to any line in th	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts is	1a	Federated campaigns	1a					
contributions, cirts, Grants and Other Similar Amounts	b	Membership dues	1b	22,022				
5 Ĕ	с	Fundraising events	1c	2,050				
ar A	d	Related organizations						
Diji L	е	Government grants (contribution	ons) 1e	108,192				
Siis	f	All other contributions, gifts, gr	-	-				
ther		and similar amounts not includ		45,909				
ð	g	Noncash contributions include	d in lines 1a-1f: \$					
and	h	Total. Add lines 1a-1f			178,173			
-				Business Code	-			
anu	2a	BIKE TO WORK WEEK		900099	37,168	37,168		
eve	b	BICYCLE SAFETY WORKS	HOP	900099	8,200	8,200		
Ce R	с	OUTREACH		900099	14,100	14,100		
Servi	d							
am	е							
Program Service Revenue	f	All other program service rever						
₽.	g	Total. Add lines 2a-2f			59,468			
	3	Investment income (including di	vidends, interest,					
		and other similar amounts) .						
	4	Income from investment of tax-e	exempt bond pro	ceeds ►				
	5	Royalties		. <u> </u>				
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		· · · · · · · • •				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
Ine	8a	Gross income from fundraising						
Other Revenue		events (not including \$	2,050					
Re		of contributions reported on line	e 1c).					
her		See Part IV, line 18	a					
ð	b	Less: direct expenses	b					
	С	Net income or (loss) from fundr	aising events	· <u></u>				
	9a	Gross income from gaming act	ivities.					
		See Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ng activities .	· · · · · · · •				
	10a	Gross sales of inventory, less						
	-	returns and allowances						
		Less: cost of goods sold			-			
	C	Net income or (loss) from sales	of inventory .					
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a							
	b							
	c	All - (h						
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			237,641	59,468	(D

	ion 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to an				
	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	51,819		46,637	5,182
6	Compensation not included above, to disqualified	51,819		40,037	5,102
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	62 204		E7 0EE	C 220
7	3	63,394		57,055	6,339
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		9,236		8,312	924
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С		7,658		7,292	36
d	Lobbying				
е	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 Schedule O.)	1,226		1,103	123
12	Advertising and promotion	5,499	4,014	1,155	330
13	Office expenses	7,756		7,291	465
14	Information technology				
15	Royalties				
16		3,414	1,663	1,546	205
17	Travel	825	-	776	49
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		4,022		3,781	241
24	Other expenses. Itemize expenses not covered	4,022		5,761	271
24					
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	EVENT SUPPLIES/EQUIPMENT/ETC	59,450	59,450		
b	OUTSIDE CONTRACT SERVICES	16,853	9,825	6,017	1,011
С	STAFF-MEMBERSHIP DEVELOPMENT	1,923		1,808	115
d	MISCELLANEOUS	1,976		1,857	119
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	235,051	74,952	144,630	15,469
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📙 if				

following SOP 98-2 (ASC 958-720)

. . . .

Form 990 (2	015) METRO BICYCLE COALITION	8	30-010	0 0169 Pag
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	49,972	1	52,50
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	

	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disgualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8			8	
Assets		Prepaid expenses and deferred charges		9	
1	9 10a			9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		40.	
	b	Less: accumulated depreciation		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,972	16	52,562
	17	Accounts payable and accrued expenses		17	
	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 current and former officers, directors,			
oiliti		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright 🔀 and			
ŝ		complete lines 27 through 29, and lines 33 and 34.			
lances	27	Unrestricted net assets	49,972	27	52,562
	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
Fun		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright and			
P		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Ba	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	49,972	33	52,562
	34	Total liabilities and net assets/fund balances	49,972	34	52,562
EEA					Form 990 (2015)

52,562

EEA

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Form	1 990 (2015) METRO BICYCLE COALITION 80	0-010	0169	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		237,	641
2	Total expenses (must equal Part IX, column (A), line 25)	2		235,051	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,	590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,	972
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		52,	562
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			• • •	<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗌 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
EEA			Forr	n 990 (2015)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number METRO BICYCLE COALITION 80-0100169 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c 🔲 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). a (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

2015

		O BICYCLE C				80-010016	
Pa	rt II Support Schedule for Org			• • •			
	(Complete only if you chec				•		y under
	Part III. If the organization	fails to qualify	under the tests	s listed below, p	please complete	e Part III.)	
Sec	tion A. Public Support		-			•	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 .						
12	Gross receipts from related activities, etc. (see instructions)				12	•
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						<u></u> ▶ □
Sec	tion C. Computation of Public Su	pport Percer	itage				
14	Public support percentage for 2015 (line 6,						%
15	Public support percentage from 2014 Schee						%
16a	33 1/3% support test - 2015. If the organiz	ation did not chec	k the box on line 1	3, and line 14 is 33	1/3% or more, che	ck this	_
	box and stop here. The organization qualifi		•				▶ ∐
b	33 1/3% support test - 2014. If the organiz						
	check this box and stop here. The organization	•		-			▶□
17a	10%-facts-and-circumstances test - 2015	-					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "fac		-				—
	organization						· · · · ► 📋
b	10%-facts-and-circumstances test - 2014	0		-		ne	
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization me			-		-	
40	supported organization						•••• □
18	Private foundation. If the organization did						
	instructions			•••••			
EEA						Schedule A (Forn	n 990 or 990-EZ) 2015

		O BICYCLE CO				80-0100169	Page 3
Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you check						art II.
	If the organization fails to q	ualify under the	e tests listed be	elow, please co	mplete Part II.)		
	ction A. Public Support	1	1	1	1		
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,809	56,929	148,681	104,093	176,123	531,635
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	10,185	13,725	20,865	58,177	61,518	164,470
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						
6	Total. Add lines 1 through 5	55,994	70,654	169,546	162,270	237,641	696,105
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						696,105
See	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	55 , 994	70,654	169,546	162,270	237,641	696,105
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	55,994	70,654	169,546	162,270	237,641	696,105
14	First five years. If the Form 990 is for the orgorganization, check this box and stop here						▶□
See	ction C. Computation of Public Su			· · · ·			<u> </u>
15	Public support percentage for 2015 (line 8, co		-)		15	100.00 %
16	Public support percentage from 2014 Schedu	le A, Part III, line 15	5		[16	90.13 %
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2015 (line			umn (f))		17	0.00 %
18	Investment income percentage from 2014 Sch	nedule A, Part III, lir	ne17		[18	0.00 %
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box a						🕨 🛛
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this b	ation did not check	a box on line 14 o	r line 19a, and line	16 is more than 33	1/3%, and	
20							

METRO BICYCLE COALITION

No

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV **Supporting Organizations** (Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 3c

- 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С 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 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.)

10b Schedule A (Form 990 or 990-EZ) 2015

Part IV	Form 990 or 990-EZ) 2015 METRO BICYCLE COALITION V Supporting Organizations (continued)	80-0100169		Page
			Yes	No
11 Ha	s the organization accepted a gift or contribution from any of the following persons?			
a Ap	person who directly or indirectly controls, either alone or together with persons described in (b) and	(C)		
bel	ow, the governing body of a supported organization?	11	a	
b A f	amily member of a person described in (a) above?	11	b	
c A3	5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail	in Part VI. 11	с	
ectior	n B. Type I Supporting Organizations			1
			Yes	No
	I the directors, trustees, or membership of one or more supported organizations have the power to			
-	ularly appoint or elect at least a majority of the organization's directors or trustees at all times durin	-		
	year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervise	ed, or		
	ntrolled the organization's activities. If the organization had more than one supported organization,			
	scribe how the powers to appoint and/or remove directors or trustees were allocated among the su	pported		
org	anizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
.				
	I the organization operate for the benefit of any supported organization other than the supported			
-	anization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain			
	how providing such benefit carried out the purposes of the supported organization(s) that operated			
	pervised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
SCLIOI			Yes	N
1 We	ere a majority of the organization's directors or trustees during the tax year also a majority of the di	rectors	103	
	rustees of each of the organization's supported organization(s)? If "No," describe in Part VI how c			
	management of the supporting organization was vested in the same persons that controlled or mai			
	supported organization(s).	1		
	D. All Type III Supporting Organizations	•		
			Yes	No
1 Dic	I the organization provide to each of its supported organizations, by the last day of the fifth month	of the		
	anization's tax year, (i) a written notice describing the type and amount of support provided during			
-	ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) cop	-		
-	anization's governing documents in effect on the date of notification, to the extent not previously p			
-				
	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the sup			
-	anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
the	organization maintained a close and continuous working relationship with the supported organization	tion(s). 2	_	
3 Bv	reason of the relationship described in (2), did the organization's supported organizations have a			
-	nificant voice in the organization's investment policies and in directing the use of the organization's			
-	ome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organizatio			
	oported organizations played in this regard.	3		
	E. Type III Functionally-Integrated Supporting Organizations			
	eck the box next to the method that the organization used to satisfy the Integral Part Test during the	e vear (see instru	ictions):
	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.			
c \square	The organization supported a governmental entity. Describe in Part VI how you supported a gove	rnment entity (see	instruct	tions
	ivities Test. Answer (a) and (b) below.		Yes	1
	I substantially all of the organization's activities during the tax year directly further the exempt purp	oses of		
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ider			
	be supported organizations and explain how these activities directly furthered their exempt pur	-		
	w the organization was responsive to those supported organizations, and how the organization det	-		
	t these activities constituted substantially all of its activities.	2a		
	I the activities described in (a) constitute activities that, but for the organization's involvement, one			
	he organization's supported organization(s) would have been engaged in? If "Yes," explain in Part			
	isons for the organization's position that its supported organization(s) would have engaged in these			
	isons 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 (a) and (b) 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? 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.

3b Schedule A (Form 990 or 990-EZ) 2015

3a

2b

Dago 5

Schedule A (Form 990 or 990-EZ) 2015 METRO BICYCLE COALITION		80-010	0 0169 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must com	plete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-instructions).	-integr	ated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2015

	TV Type III Non-Functionally Integrated 509(a)	3) Supporting Organiz	80-010 zations (continued)	0169 Page 7
	tion D - Distributions	of oupporting organi		Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		
	Amounts paid to perform activity that directly furthers exemption			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ons	
4	Amounts paid to acquire exempt-use assets	11 0		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	ive	
	(provide details in Part VI). See instructions.	0		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
a b				
	Excess from 2013			
	Evenes from 2014			
	Evenes from 201E			
6				

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (For	m 990 or 990-EZ) 2015 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

Employer identification number
80-0100169

METRO	BICYCLE	COALITION
Organiz	ation type (check one):

►

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

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA Name of organization

Page 2 Employer identification number

METRO BICYCLE COALITION

80-0100169

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ENTERGY 639 LOYOLA AVENUE, PO BOX 61000 New Orleans, LA 70161	\$32,468	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GREATER NEW ORLEANS FOUNDATION 1055 ST CHARLES AVE New Orleans, LA 70130	\$9,992	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL MS SOCIETY 4613 FAIRFIELD ST Metairie, LA 70006	\$7,550	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	Acknowledgement and General Information for Entities That File Returns Electronically	2015
Name(s) as shown on return	LE COALITION	Employer Identification Number
Entity address	LE COADITION	0109
2100 ORETH	A CASTLE HALEY BLVD	
<u>New Orlean</u>	s, LA 70113	
Thank you for par	ticipating in IRS e-file.	
1. X 2015 99 The electronic fil	0 income tax retum for <u>Federal</u> was filed el ng services were provided by <u>Tucker ACS LLC</u>	lectronically.
-	income tax return was accepted on $11-15-2016$ using a Person nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to en D assigned to this return is $7245152016320v515fuj$	
	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN T	

	IEDULE J	Compensation		ОМ	B No. 154	5-0047	
(For	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23			2015			
Depart	epartment of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			pen to Public			
	Revenue Service	Information about Schedule J (Form 990)	and its instructions is at www.irs.gov/fo	orm990.	Inspec	tion	
Name of	of the organization			Employer identification	number		
	O BICYCLE CC			80-0100169			
Par	t I Question	ns Regarding Compensation					
						Yes	No
1a		iate box(es) if the organization provided any of the fo		m			
		on A, line 1a. Complete Part III to provide any releva					
	First-class or c		Housing allowance or residence for pe				
	Travel for com		Payments for business use of persona				
	=		Health or social club dues or initiation				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)						
L	If any of the haves	on line to are shocked, did the errorization follows	written notion regarding normant				
b		on line 1a are checked, did the organization follow a or provision of all of the expenses described above?	1 7 0 01 7				
			•		1b		
2		n require substantiation prior to reimbursing or allowi		•••••			
2	•	and officers, including the CEO/Executive Director, r	•				
			• •		2		
	ia:				-		
3	Indicate which if a	ny, of the following the filing organization used to est	ablish the compensation of the				
Ū		D/Executive Director. Check all that apply. Do not che	•				
	-	n to establish compensation of the CEO/Executive D					
	Compensation		Written employment contract				
	= ·		Compensation survey or study				
	_		Approval by the board or compensatio	n committee			
			++····+ ···+ ····+ ····+ ····+ ····+ ····+				
4	During the year, did	any person listed on Form 990, Part VII, Section A, I	line 1a, with respect to the filing				
		elated organization:					
а	-	-			4a		
b				4b			
с				4c			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	t complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any				
	compensation cont	ingent on the revenues of:					
а				5a		Х	
b	Any related organi	zation?			5b		X
	If "Yes" to line 5a o	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any				
	compensation cont	ingent on the net earnings of:					
а	The organization?			•••••	6a		Х
b	, 0	zation?		•••••	6b		X
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the orga					_
		ribed on lines 5 and 6? If "Yes," describe in Part III			7		X
8	-	reported on Form 990, Part VII, paid or accrued pur	-				
		ct exception described in Regulations section 53.495					
				••••	8		X
9		d the organization also follow the rebuttable presump					
		n 53.4958-6(c)?	• • • • • • • • • • • • • • • • • • • •		9		
For P	aperwork Reducti	on Act Notice, see the Instructions for Form 990.		Sche	dule J (F	orm 99	0) 2015

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Schedule J (Form 990) 2015 METRO BICYCLE COALITION Part II Officers, Directors, Trustees, Key Employees, an	METRO BICYCLE COALITION rectors, Trustees, Key Emp	imployees, and	Highest Compe	ansated Employees	. Use duplicate copi	80-0100169 d Highest Compensated Employees. Use duplicate copies if additional space is needed	Page	~
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.	on must be reported in S individuals that are not I	Schedule J, report cor listed on Form 990, Pɛ	compensation from the c Part VII.	organization on row (i) an	d from related organization	ns, described in the		
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total	or each listed individual r	must equal the total an	mount of Form 990, F	art VII, Section A, line 1a	, applicable column (D) ar	amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	vidual.	
	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990	
NAOMI DOERNER	(i) 5,647	0	0	0	0	5,647		0
1 EXECUTIVE DIRECTOR ((ii) 0		0	0	0	0		0
ANNEKA OLSON	(j) 21,608	0	0	0	0	21,608		0
2 COMMUNITY EDUCATION M (ii)	(ii) 0	0	0	0	0	0		0
	(j)							
3	(ii)							
	(1)							
4	(ii)							
	(1)							
5								
	(i)							
9	(ii)							
	(1)							
7	(ii)							
	(1)							
8	(ii)							
	(i)							
6	(ii)							
	(i)							
10 (((ii)							
	(j)							I
11 (((ii)							
	(i)							
12 (((ii)							
	(i)							
13 (((ii)							
	(i)							
14 (((ii)							
	(j)							
15 ((ii)							
	(j)							I
16 (((ii)							
EEA							Schedule J (Form 990) 2015	15

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

2015 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

METRO BICYCLE COALITION

80-0100169

Employer identification number

01. Governing body decisions (Part VI, line 7b)

FORM 990, PART VI, SECTION A, LINE 7B:

WHEN THE BOARD OF DIRECTORS CHANGE THE BYLAWS THE VOTING MEMBERS MUST VOTE TO APPROVE OR

REJECT CHANGES.

02. Form 990 governing body review (Part VI, line 11)

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

THE FINANCE COMMITTEE REVIEWS THE 990, MAKES COMMENTS FOR INCORPORATION AND THE FULL BOARD

APPROVES FOR SUBMITTAL.

03. Conflict of interest policy compliance (Part VI, line 12c)

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

THE BOARD CONFLICT OF INTEREST POLICY THAT IS PART OF OUR ARTICLES OF INCORPORATION ARE

REVIEWED, SIGNED, AND RETAINED ON FILE ANNUALLY. THE POLICY STATES THAT ALL BOARD MEMBERS

MUST DISCLOSE CONFLICTS OF INTEREST IF AND WHEN THEY ARISE.

04. CEO, executive director, top management comp (Part VI, line 15a)

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

ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR AND THE PERFORMANCE REVIEW BY THE BOARD. SALARY

WAS ESTABLISHED BY COMPARING SALARIES OF NONPROFITS ACROSS THE CITY.

05. Governing documents, etc, available to public (Part VI, line 19)

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

BUDGET AND CONFLICT OF INTERST STATEMENT ARE AVAILABLE UPON REQUEST, BUT ARE NOT POSTED TO

THE WEBSTITE. GOVERNING DOCUMENTS, THREE YEAR STRATEGIC VISION AND MOST RECENT 990 ARE

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page 2 Employer identification number
METRO BICYCLE COALITION	80-0100169
	00-0100109
POSTED TO THE WEBSITE.	
<u> </u>	