

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public  
Inspection

## A For the 2024 calendar year, or tax year beginning

, and ending

## B Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

## C Name of organization

BIKE WALK KC

## D Employer identification number

45-3832438

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1106 E 30TH ST, SUITE G

## Room/suite

City or town, state or province, country, and ZIP or foreign postal code

KANSAS CITY

MO 64109

## E Telephone number

816-205-7056

## G Gross receipts \$

1,635,563

## F Name and address of principal officer:

ERIC ROGERS

1106 E 30TH ST, SUITE G

KANSAS CITY MO 64109

H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

If "No," attach a list. See instructions

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: [HTTPS://BIKEWALKKC.ORG/](https://BIKEWALKKC.ORG/)K Form of organization:  Corporation  Trust  Association  Other

L Year of formation: 2010

M State of legal domicile: MO

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:

**OUR MISSION IS TO REDEFINE OUR STREETS AS PLACES FOR PEOPLE TO BUILD A CULTURE OF ACTIVE LIVING.**

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) .....

4 Number of independent voting members of the governing body (Part VI, line 1b) .....

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) .....

6 Total number of volunteers (estimate if necessary) .....

7a Total unrelated business revenue from Part VIII, column (C), line 12 .....

b Net unrelated business taxable income from Form 990-T, Part I, line 11 .....

3	9
4	10
5	45
6	45
7a	0
7b	0

		Prior Year	Current Year
		658,552	1,403,808
8	Contributions and grants (Part VIII, line 1h) .....	247,462	204,141
9	Program service revenue (Part VIII, line 2g) .....	41,941	4,559
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	286,521	8,463
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	1,234,476	1,620,971
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) .....		0
14	Benefits paid to or for members (Part IX, column (A), line 4) .....		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) .....	856,685	943,633
16a	Professional fundraising fees (Part IX, column (A), line 11e) .....		0
b	Total fundraising expenses (Part IX, column (D), line 25) .....	179,945	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) .....	541,408	664,144
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .....	1,398,093	1,607,777
19	Revenue less expenses. Subtract line 18 from line 12 .....	-163,617	13,194
20	Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26) .....	880,547	1,171,685
22	Net assets or fund balances. Subtract line 21 from line 20 .....	537,823	810,639
		342,724	361,046

## Part II Signature Block

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  
Here

Signature of officer

ERIC ROGERS

Date

Type or print name and title

EXECUTIVE DIRECTOR

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	WILLIAM J. MILLER, CPA	WILLIAM J. MILLER, CPA	07/01/25		P01604284
Firm's name	NOVAK BIRKS, P.C.			Firm's EIN	43-1122456
Firm's address	4435 MAIN ST STE 500 KANSAS CITY, MO 64111-1858			Phone no.	816-931-6111

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

**Part 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:**SEE SCHEDULE O**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  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  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code: ..... ) (Expenses \$ **705,481** including grants of \$ ..... ) (Revenue \$ **101,272** )  
**SEE SCHEDULE O**4b (Code: ..... ) (Expenses \$ **309,739** including grants of \$ ..... ) (Revenue \$ **86,726** )  
**SEE SCHEDULE O**4c (Code: ..... ) (Expenses \$ **69,198** including grants of \$ ..... ) (Revenue \$ **16,143** )  
**SEE SCHEDULE O**4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **1,084,418**

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
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 <b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <b>X</b>	
4 <b>Section 501(c)(3) organizations.</b> 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 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <b>X</b>	
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 <b>X</b>	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <b>X</b>	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d <b>X</b>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <b>X</b>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f <b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <b>X</b>	
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 <b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <b>X</b>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
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 <b>X</b>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <b>X</b>	
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 <b>X</b>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <b>X</b>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <b></b>	
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 <b>X</b>	

**Part 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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
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	X
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 to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 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	X
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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash 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	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 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, 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	X
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	X
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X

**Part 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 

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	7	Yes	No
1b	0		
1c			

**Part 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	45		
2b		<input checked="" type="checkbox"/>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	<input checked="" type="checkbox"/>		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c			
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	<input checked="" type="checkbox"/>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a			
a	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? .....	7b			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b			
a	Did the sponsoring organization make any taxable distributions under section 4966? .....	10a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	10b			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	11a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	11b			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	12a			
a	Gross income from members or shareholders .....	12b			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	13b			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c			
a	Is the organization licensed to issue qualified health plans in more than one state? .....	14a	<input checked="" type="checkbox"/>		
<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 .....	14b			
c	Enter the amount of reserves on hand .....	15	<input checked="" type="checkbox"/>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	16	<input checked="" type="checkbox"/>		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	16b			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	17			
If "Yes," see instructions and file Form 4720, Schedule N.					
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....				
If "Yes," complete Form 4720, Schedule O.					
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .....				
If "Yes," complete Form 6069.					

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

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

### Section 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	9
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent	1b	10
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	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body?	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	9	<input checked="" type="checkbox"/>
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.		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15	<input checked="" type="checkbox"/>
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?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16a	<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16b	
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?		
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 organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	<b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.	
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.	

ERIC ROGERS

1106 E 30TH ST, SUITE G

MO 64109

816-205-7056

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) ERIC ROGERS	40.00								
EXECUTIVE DIRECTOR	0.00			X			115,273	0	7,842
(2) ROBIN SHOOK	2.00								
CHAIR	0.00	X		X			0	0	0
(3) ASHLEY Z. HAND	2.00								
PAST CHAIR	0.00	X		X			0	0	0
(4) USHA RENGACHARY	2.00								
CHAIR-ELECT	0.00	X		X			0	0	0
(5) MARY ESTRADA	2.00								
SECRETARY	0.00	X		X			0	0	0
(6) EMILY LECUYER	2.00								
TREASURER	0.00	X		X			0	0	0
(7) ANNA BENTON	1.00								
BOARD MEMBER	0.00	X					0	0	0
(8) RANDI MIXDORF	1.00								
BOARD MEMBER	0.00	X					0	0	0
(9) MATTHEW OATES	1.00								
BOARD MEMBER	0.00	X					0	0	0
(10) ALISSA STINNETT	1.00								
BOARD MEMBER	0.00	X					0	0	0
(11)									

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director	Individual trustee	Institutional trustee	Officer	Key employee			
(12).....									
(13).....									
(14).....									
(15).....									
(16).....									
(17).....									
(18).....									
(19).....									
<b>1b Subtotal</b> .....							<b>115,273</b>		<b>7,842</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....									
<b>d Total (add lines 1b and 1c)</b> .....							<b>115,273</b>		<b>7,842</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
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	0	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c			
	d Related organizations .....	1d			
	e Government grants (contributions) .....	1e	1,013,451		
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	390,357		
	g Noncash contributions included in lines 1a-1f .....	1g	\$ 936		
	<b>h Total. Add lines 1a-1f .....</b>		<b>1,403,808</b>		
Program Service Revenue		Business Code			
	2a BIKE SHARE SYSTEM .....		97,769	97,769	
	b COMMUNITY PLANNING .....		55,013	55,013	
	c CONSULTING AND TECHNICAL ASST .....		31,713	31,713	
	d OTHER PROGRAM REVENUE .....		12,597	12,597	
	e EDUCATION PROGRAMS .....		3,503	3,503	
	f All other program service revenue .....		3,546	3,546	
	<b>g Total. Add lines 2a-2f .....</b>		<b>204,141</b>		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		4,342		4,342
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6a Gross rents .....	(i) Real	(ii) Personal		
	6a				
	b Less: rental expenses .....	6b			
	c Rental inc. or (loss) .....	6c			
	d Net rental income or (loss) .....				
	7a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other		
	7a	2,376			
	b Less: cost or other basis and sales exps. .....	7b		2,159	
	c Gain or (loss) .....	7c	2,376	-2,159	
	d Net gain or (loss) .....			217	217
	8a Gross income from fundraising events (not including \$ .....				
	of contributions reported on line 1c). See Part IV, line 18 .....	8a	20,896		
	b Less: direct expenses .....	8b	12,433		
	c Net income or (loss) from fundraising events .....			8,463	8,463
	9a Gross income from gaming activities. See Part IV, line 19 .....	9a			
	b Less: direct expenses .....	9b			
	c Net income or (loss) from gaming activities .....				
	10a Gross sales of inventory, less returns and allowances .....	10a			
	b Less: cost of goods sold .....	10b			
	c Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue		Business Code			
	11a .....				
	b .....				
	c .....				
	d All other revenue .....				
	<b>e Total. Add lines 11a-11d .....</b>				
	<b>12 Total revenue. See instructions .....</b>		<b>1,620,971</b>	<b>204,358</b>	<b>0</b>
					<b>12,805</b>

**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 response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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, trustees, and key employees .....	<b>123,115</b>	<b>30,778</b>	<b>61,559</b>	<b>30,778</b>
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 .....	<b>664,618</b>	<b>523,794</b>	<b>101,112</b>	<b>39,712</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	<b>21,838</b>	<b>17,063</b>	<b>3,417</b>	<b>1,358</b>
9 Other employee benefits .....	<b>43,663</b>	<b>32,946</b>	<b>7,590</b>	<b>3,127</b>
10 Payroll taxes .....	<b>90,399</b>	<b>64,053</b>	<b>18,401</b>	<b>7,945</b>
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	<b>327</b>		<b>327</b>	
c Accounting .....	<b>21,824</b>	<b>7,199</b>	<b>10,269</b>	<b>4,356</b>
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	<b>1,356</b>		<b>1,356</b>	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) .....	<b>183,528</b>	<b>137,938</b>	<b>330</b>	<b>45,260</b>
12 Advertising and promotion .....	<b>29,006</b>	<b>307</b>	<b>1,427</b>	<b>27,272</b>
13 Office expenses .....	<b>70,457</b>	<b>11,907</b>	<b>52,303</b>	<b>6,247</b>
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	<b>71,350</b>	<b>39,593</b>	<b>29,489</b>	<b>2,268</b>
17 Travel .....	<b>19,195</b>	<b>14,840</b>	<b>1,333</b>	<b>3,022</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>16,050</b>	<b>9,163</b>	<b>2,067</b>	<b>4,820</b>
20 Interest .....	<b>7,499</b>	<b>2,082</b>	<b>5,417</b>	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>126,251</b>	<b>124,661</b>	<b>1,350</b>	<b>240</b>
23 Insurance .....	<b>67,927</b>	<b>21,522</b>	<b>45,667</b>	<b>738</b>
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 O.)				
a BICYCLE AND RELATED EXPS .....	<b>45,636</b>	<b>45,636</b>		
b OTHER EXPENSES .....	<b>2,795</b>			<b>2,795</b>
c IN-KIND GOODS EXPENSE .....	<b>936</b>	<b>936</b>		
d SALES AND OTHER TAX .....	<b>7</b>			<b>7</b>
e All other expenses .....				
25 Total functional expenses. Add lines 1 through 24e .....	<b>1,607,777</b>	<b>1,084,418</b>	<b>343,414</b>	<b>179,945</b>
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing .....	53,944	1	39,029
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	24,500	3	12,000
	4 Accounts receivable, net .....	148,628	4	119,870
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	5,544	8	13,490
	9 Prepaid expenses and deferred charges .....	17,332	9	72,938
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 978,297		
	b Less: accumulated depreciation .....	10b 421,012	254,521	10c 557,285
	11 Investments—publicly traded securities .....	129,315	11	139,804
	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 .....	246,763	15	217,269
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	880,547	16	1,171,685
Liabilities	17 Accounts payable and accrued expenses .....	188,024	17	152,689
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	15,000
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other 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 .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	93,545
	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 .....	349,799	25	549,405
	26 Total liabilities. Add lines 17 through 25 .....	537,823	26	810,639
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	276,799	27	125,692
	28 Net assets with donor restrictions .....	65,925	28	235,354
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	342,724	32	361,046
	33 Total liabilities and net assets/fund balances .....	880,547	33	1,171,685

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	1,620,971
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	1,607,777
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	13,194
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	342,724
5 Net unrealized gains (losses) on investments .....	5	5,128
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	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	361,046

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	<input checked="" type="checkbox"/>
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.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	<input checked="" type="checkbox"/>
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.		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	<input checked="" type="checkbox"/>

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**BIKE WALK KC**

Employer identification number

**45-3832438**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 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.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 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.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **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.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations \_\_\_\_\_  
 g Provide the following information about the supported organization(s). \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,005,144	606,404	877,555	658,552	1,403,808	4,551,463
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 <b>Total.</b> Add lines 1 through 3 .....	1,005,144	606,404	877,555	658,552	1,403,808	4,551,463
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 <b>Public support.</b> Subtract line 5 from line 4 .....						122,864
						4,428,599

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	1,005,144	606,404	877,555	658,552	1,403,808	4,551,463
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	246	1,533	2,337	34,013	4,342	42,471
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....					7,463	7,463
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	376,818	628,597				1,005,415
11 <b>Total support.</b> Add lines 7 through 10 .....						5,606,812
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,536,309
13 <b>First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	78.99 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	74.03 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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 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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests — 2024.</b> 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 more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

**Part IV Supporting Organizations (continued)**

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	
c	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 <b>Part VI</b> .	11c	

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
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 <b>Part VI</b> .	3a
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 <b>Part VI</b> the role played by the organization in this regard.	3b

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2024 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019 .....			
b	From 2020 .....			
c	From 2021 .....			
d	From 2022 .....			
e	From 2023 .....			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3 and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 .....			
b	Excess from 2021 .....			
c	Excess from 2022 .....			
d	Excess from 2023 .....			
e	Excess from 2024 .....			

**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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**PROGRAM REVENUE** **\$ 1,005,415**

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**BIKE WALK KC**

Employer identification number

**45-3832438**

Organization 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<sup>1</sup>/<sub>3</sub>% 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 ..... \$ .....

**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).

Name of organization

BIKE WALK KC

Employer identification number

45-3832438

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 235,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE C**  
(Form 990)

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>BIKE WALK KC</b>	Employer identification number (EIN) <b>45-3832438</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." .....
- Political campaign activity expenditures. See instructions .....
- Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- Enter the amount of any excise tax incurred by the organization under section 4955 .....
- Enter the amount of any excise tax incurred by organization managers under section 4955 .....
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No

4a Was a correction made?  
b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities .....
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b .....
- Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

<b>Part II-A</b> <b>Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).</b>													
<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).													
<b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply.													
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals										
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....													
<b>d</b> Other exempt purpose expenditures .....													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.													
<b>IF the amount on line 1e, column (a) or (b), is:</b> <b>THEN the lobbying nontaxable amount is:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		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.		
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.												
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....													
<b>j</b> 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? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers? .....		<b>X</b>	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	<b>X</b>		
c Media advertisements? .....	<b>X</b>		
d Mailings to members, legislators, or the public? .....	<b>X</b>		
e Publications, or published or broadcast statements? .....	<b>X</b>		
f Grants to other organizations for lobbying purposes? .....	<b>X</b>		
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....	<b>X</b>		<b>2,394</b>
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	<b>X</b>		
i Other activities? .....	<b>X</b>		
j Total. Add lines 1c through 1i .....			<b>2,394</b>
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		<b>X</b>	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 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 expenses for which the section 527(f) tax was paid).		
a	Current year .....	2a	
b	Carryover from last year .....	2b	
c	Total .....	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
5	Taxable amount of lobbying and political expenditures. See instructions .....	5	

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART II-B, LINE 1**

STAFF COMMUNICATE WITH LEGISLATORS AND LEGISLATIVE COMMITTEES BY A VARIETY OF MEANS.

**Part IV Supplemental Information (continued)**

**SCHEDULE D****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**BIKE WALK KC**

Employer identification number

**45-3832438****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

 Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

\$ .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)

(i) and section 170(h)(4)(B)(ii)? .....

 Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

(ii) Assets included in Form 990, Part X .....

\$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 .....

\$ .....

b Assets included in Form 990, Part X .....

\$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a 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 possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	
3b	

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		978,297	421,012	557,285
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

557,285

**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 end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....</b>		

**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 end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) .....</b>		

**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) <b>RIGHT OF USE ASSETS - LEASES</b>	<b>211,432</b>
(2) <b>SECURITY DEPOSITS</b>	<b>5,837</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....</b>	<b>217,269</b>

**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) <b>DUE TO RELATED PARTY BIKE SHARE KC</b>		<b>337,973</b>
(3) <b>RIGHT OF USE LIABILITY</b>		<b>211,432</b>
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....</b>		<b>549,405</b>

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments .....	2a
b Donated services and use of facilities .....	2b
c Recoveries of prior year grants .....	2c
d Other (Describe in Part XIII.) .....	2d
e Add lines 2a through 2d .....	2e
3 Subtract line 2e from line 1 .....	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a
b Other (Describe in Part XIII.) .....	4b
c Add lines 4a and 4b .....	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities .....	2a
b Prior year adjustments .....	2b
c Other losses .....	2c
d Other (Describe in Part XIII.) .....	2d
e Add lines 2a through 2d .....	2e
3 Subtract line 2e from line 1 .....	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a
b Other (Describe in Part XIII.) .....	4b
c Add lines 4a and 4b .....	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5

**Part 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 - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION'S POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN INCOME TAX PROVISIONS WHEN A LIABILITY IS PROBABLE AND ABLE TO BE ESTIMATED. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2024 OR 2023 AND IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES. THE ORGANIZATION IS NOT SUBJECT TO AUDITS FOR FEDERAL OR STATE INCOME TAX PURPOSES FOR YEARS PRIOR TO 2021.

**Part XIII Supplemental Information (continued)**

**SCHEDULE G**  
**(Form 990)**(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

Name of the organization

**BIKE WALK KC**Employer identification number  
**45-3832438****Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .....

 Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	(a) Event #1 <b>FUNDRAISING EVE</b> (event type)	(b) Event #2 (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	<b>20,896</b>		<b>20,896</b>
	<b>2</b> Less: Contributions .....			
	<b>3</b> Gross income (line 1 minus line 2) .....	<b>20,896</b>		<b>20,896</b>
Direct Expenses	<b>4</b> Cash prizes .....			
	<b>5</b> Noncash prizes .....			
	<b>6</b> Rent/facility costs .....			
	<b>7</b> Food and beverages .....			
	<b>8</b> Entertainment .....			
	<b>9</b> Other direct expenses .....	<b>12,433</b>		<b>12,433</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....			<b>12,433</b>
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....			<b>8,463</b>

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....			
	<b>3</b> Noncash prizes .....			
	<b>4</b> Rent/facility costs .....			
	<b>5</b> Other direct expenses .....			
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....			
	<b>8</b> 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? .....  Yes  No

b If "No," explain: .....

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....

Yes  No

b If "Yes," explain: .....

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ .....

c If "Yes," enter the amount of gaming revenue retained by the third party \$ .....

c If "Yes," enter the name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE O****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

Employer identification number

BIKE WALK KC**45-3832438****FORM 990 - ORGANIZATION'S MISSION**

BIKE WALK KC'S MISSION IS TO REDEFINE OUR STREETS AS PLACES FOR PEOPLE TO BUILD A CULTURE OF ACTIVE LIVING. OUR VISION IS A GREATER KANSAS CITY WHERE EVERYONE MOVES THROUGH THE CITY AND ITS PUBLIC SPACES EQUITABLY, SAFELY, COMFORTABLY, AND SUSTAINABLY.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

RIDEKC BIKE IS A 24/7 PUBLIC BIKE SHARE SYSTEM THAT PROVIDES A UNIQUE MIX OF TECHNOLOGIES THAT EXTEND THE FIXED-ROUTE TRANSIT SYSTEM GIVING RESIDENTS AND VISITORS A VARIETY OF OPTIONS FOR GETTING AROUND THE GREATER KANSAS CITY AREA. IT FEATURES SMART ELECTRIC BIKES, CLASSIC PEDAL BIKES, AND PROGRAMMING DESIGNED TO OFFER INNOVATIVE SOLUTIONS FOR TRANSPORTATION, RECREATION, AND PHYSICAL HEALTH. WE ALSO OFFER A BIKE SHARE FOR ALL PROGRAM THAT PROVIDES LOW TO NO COST BIKE SHARE SERVICES TO SOCIAL SERVICE AGENCIES FOR THEIR CLIENTS. IN 2024, SIX AGENCIES PARTICIPATED AND 16% OF THE 375 BIKES IN THE SERVICE FLEET WERE LOCATED IN LOW INCOME NEIGHBORHOODS.

ADDITIONAL 2024 STATISTICS INCLUDE: 47,352 TOTAL TRIPS; MORE THAN 8,500 UNIQUE USERS ROAD 102,000 MILES; 6.5 MILLION CALORIES WERE BURNED; 100,000 POUNDS OF CARBON OFFSETS SAVED; AVERAGE TRIP DURATION WAS 16.3 MINUTES; AND AVERAGE TRIP DISTANCE WAS 2.2 MILES.

FAMILY EDUCATION INCLUDES A COMPREHENSIVE YOUTH EDUCATION PROGRAM TO EMPOWER KIDS TO SAFELY BIKE AND WALK TO SCHOOL AND TO ADVOCATE FOR THEIR NEIGHBORHOOD. COMPONENTS INCLUDE BICYCLE SAFETY EDUCATION, YOUTH AMBASSADOR TRAINING, MAINTAINING YOUR RIDE, PUBLIC ENGAGEMENT, AND OPPORTUNITIES TO "EARN A BIKE." OTHER PROGRAMS ARE DESIGNED TO TEACH ADULTS SAFE RIDING SKILLS, THE RULES OF THE ROAD, AND HOW TO DO BASIC BIKE MAINTAINANCE AND REPAIRS.

**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

PUBLIC POLICY AND COMMUNITY PLANNING INVOLVES BUILDING RELATIONSHIPS WITH ELECTED OFFICIALS AND COMMUNITY LEADERS TO IMPLEMENT POLICIES THAT IMPROVE THE BUILT ENVIRONMENT, ESPECIALLY IN NEIGHBORHOODS THAT HAVE BEEN HISTORICALLY UNDERFUNDED AND DISINVESTED. BIKE WALK KC PARTNERS WITH LOCAL MUNICIPALITIES, SCHOOL DISTRICTS, AND REGIONAL, STATE, AND FEDERAL AGENCIES, AS WELL AS OTHER ACTIVE TRANSPORTATION ADVOCACY ORGANIZATIONS ACROSS BOTH MISSOURI AND KANSAS TO IMPROVE WALKING AND BIKING THROUGH PUBLIC POLICY AND SCHOOL TRAVEL PLANNING. BIKE WALK KC USES WALK AUDITS, TECHNICAL ASSISTANCE, BUILT ENVIRONMENT ASSESSMENTS, TRAFFIC COUNTING/CALMING EVENTS, THE HOME STREET HOME EXHIBITION, AND OTHER ACTIVITIES TO HELP NEIGHBORHOODS IDENTIFY PROBLEMS RELATED TO THE BUILT ENVIRONMENT, STREET SAFETY, WALKABILITY/BIKEABILITY, AND OTHER INFRASTRUCTURE ISSUES.

**FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT**

AN IMPORTANT PART OF BIKEWALKKC'S ADVOCACY, EDUCATION, AND PUBLIC POLICY WORK INCLUDES RESEARCHING LOCAL CONDITIONS, ANALYZING BEST PRACTICES, AND DEVELOPING STRATEGIES TO ACHIEVE OUR MISSION OF REDEFINING OUR STREETS AS PLACES FOR PEOPLE TO BUILD A CULTURE OF ACTIVE LIVING. YOUTH BICYCLING INCREASED 68% AFTER PARTICIPATING IN BIKEWALKKC SAFE ROUTES TO SCHOOL PROGRAM. BICYCLES ALLOW MEN EXPERIENCING HOMELESSNESS TO MAINTAIN

**SCHEDULE O****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

Employer identification number

BIKE WALK KC**45-3832438**

RELATIONSHIPS, ACCESS SHELTER, RESOURCES, AND EMPLOYMENT, AND BUILD SOCIAL CAPITAL AND SELF ESTEEM AFTER PARTICIPATING BIKEWALKKC PROGRAMS. RESEARCH FROM UMKC SHOWS THAT BUILDING OUT A NEW BIKE NETWORK THAT PRIORITIZES PHYSICALLY SEPARATED BIKE LANES WILL SAVE 36 LIVES PER YEAR AND BOOST THE LOCAL ECONOMY BY \$500 MILLION. BIKEWALKKC ASSISTED THE KANSAS CITY, MO PLANNING DEPARTMENT'S BICYCLE MASTER PLAN PROCESS BY IDENTIFYING PRIORITY CORRIDORS AND ROUTES FOR FUTURE INVESTMENT IN BICYCLE INFRASTRUCTURE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE RETURN IS REVIEWED BY MANAGEMENT AND THE BOARD PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
BOARD MEMBERS ARE REQUIRED TO MAKE FULL DISCLOSURE OF CONFLICTS OF  
INTEREST. MEMBERS WITH CONFLICTS OF INTEREST WILL NOT BE PRESENT FOR ANY  
DISCUSSION OF OR VOTE IN CONNECTION WITH THE MATTER. A TRANSACTION  
INVOLVING A MEMBER MAY BE APPROVED PROVIDED THE MATERIAL FACTS OF THE  
TRANSACTION AND THE BOARD MEMBER'S INTEREST ARE DISCLOSED TO THE BOARD IN  
ADVANCE. THE BOARD MAY APPROVE THE TRANSACTION IN GOOD FAITH BELIEVING IT  
IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE IS DETERMINED BY THE BOARD OF  
DIRECTORS. IN 2022 THEY HIRED AN OUTSIDE AGENCY TO RESEARCH THE LOCAL  
MARKET AND HELP DETERMINE A RANGE OF PAY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE  
GENERAL PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES  
DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
PROFESSIONAL FEES	\$ 312	\$ 0	\$ 0
PROFESSIONAL FEES	\$ 2,064	\$ 0	\$ 0
STRATEGIC PLANNING	\$ 23,000	\$ 0	\$ 0
STRATEGIC PLANNING	\$ 23,000	\$ 0	\$ 0
CONSULTING SERVICES	\$ 19,373	\$ 0	\$ 0
CONSULTING SERVICES	\$ 58,729	\$ 330	\$ 45,260
<b>TOTAL</b>	<b>\$ 137,938</b>	<b>\$ 330</b>	<b>\$ 45,260</b>

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

BIKE SHARE KC

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

BIKE WALK KC

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	.....	.....	.....	.....	.....	.....
(2)	.....	.....	.....	.....	.....	.....
(3)	.....	.....	.....	.....	.....	.....
(4)	.....	.....	.....	.....	.....	.....
(5)	.....	.....	.....	.....	.....	.....

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity
(1)	BIKE SHARE KC 1106 E 30TH ST, SUITE G KANSAS CITY MO 64109	PART VII 45-3908329	MO	501C3	7	N/A	X
(2)	.....	.....	.....	.....	.....	.....	.....
(3)	.....	.....	.....	.....	.....	.....	.....
(4)	.....	.....	.....	.....	.....	.....	.....
(5)	.....	.....	.....	.....	.....	.....	.....

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											

## Part V Transactions With Related Organizations.

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  
 a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....  
 b Gift, grant, or capital contribution to related organization(s) .....  
 c Gift, grant, or capital contribution from related organization(s) .....  
 d Loans or loan guarantees to or for related organization(s) .....  
 e Loans or loan guarantees by related organization(s) .....

f Dividends from related organization(s) .....  
 g Sale of assets to related organization(s) .....  
 h Purchase of assets from related organization(s) .....  
 i Exchange of assets with related organization(s) .....  
 j Lease of facilities, equipment, or other assets to related organization(s) .....

k Lease of facilities, equipment, or other assets from related organization(s) .....  
 l Performance of services or membership or fundraising solicitations for related organization(s) .....  
 m Performance of services or membership or fundraising solicitations by related organization(s) .....  
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....  
 o Sharing of paid employees with related organization(s) .....

p Reimbursement paid to related organization(s) for expenses .....  
 q Reimbursement paid by related organization(s) for expenses .....

r Other transfer of cash or property to related organization(s) .....

s Other transfer of cash or property from related organization(s) .....

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) BIKE SHARE KC	Q	478,669	COST
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(j) General or managing partner?		(k) Percentage ownership percentage
								Yes	No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

**Part VII****Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**SCHEDULE R - ADDITIONAL INFORMATION**

**BIKE SHARE KC PROVIDES A BIKE SHARE SYSTEM IN THE GREATER KANSAS CITY AREA.**

Business or activity to which this form relates

## INDIRECT DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions) .....	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions) .....	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	
6	(a) Description of property .....	(b) Cost (business use only) .....	(c) Elected cost .....
7	Listed property. Enter the amount from line 29 .....	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562 .....	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions .....	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 .....	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions .....	14	
15	Property subject to section 168(f)(1) election .....	15	
16	Other depreciation (including ACRS) .....	16	123,438

## Part III MACRS Depreciation (Don't include listed property. See instructions.)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024 .....	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

## Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

## Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

## Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28 .....	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	123,438
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Trailer for BLAST	9/23/15	3,385				3,385	10	MO S/L	2,800	338
2	2000 Ford E250 Cargo Truck	12/02/16	5,649				5,649	10	MO S/L	3,995	565
3	7x14 Doolittle Bullitt Trailer	2/22/17	4,560				4,560	10	MO S/L	3,116	456
4	Second 7x14 Doolittle Bullitt Trailer	4/07/17	4,400				4,400	10	MO S/L	2,960	440
5	2003 Ford E-250 Super Van	4/11/18	7,849				7,849	10	MO S/L	4,485	785
6	7x14 Enclosed V-Nosed Trailer, Rear Ramp	9/18/18	4,643				4,643	10	MO S/L	2,496	464
8	Cynergy MA000285 7x12 S/A Trailer	8/17/22	7,565				7,565	10	MO S/L	1,071	757
12	35 New Bikes Xtc & Revel	12/08/16	2,312				2,312	10	MO S/L	1,632	231
13	E-Assist Bike for b-cycle operations	11/10/17	1,926				1,926	10	MO S/L	1,184	193
	Sold/Scrapped: 12/31/24										
14	64AW Bicycle Trailer - Vaughn	12/05/17	933				933	10	MO S/L	584	93
15	5 Replacement Bikes Xtc Jr 24 Lite Black	6/22/18	1,091				1,091	10	MO S/L	594	109
16	19 Xtc Jr 24 Lite & 38 Enchant Lite 20/24	9/10/18	7,000				7,000	10	MO S/L	3,712	700
17	20 Giant XTC Jr 24 Lite Orange Bicycles	10/28/19	6,552				6,552	10	MO S/L	2,750	655
18	150 Conversion kits w/ smart cables	2/28/20	16,883				16,883	5	MO S/L	13,010	3,377
19	110 pedal assist ebikes w/ smart locks	5/22/20	132,000				132,000	5	MO S/L	96,800	26,400
20	150 Conversion kits w/ smart cables	6/23/20	22,500				22,500	5	MO S/L	16,125	4,500
21	110 pedal assist ebikes w/ smart locks	9/15/20	82,000				82,000	5	MO S/L	54,442	16,400
22	14 PIE Bike racks, flattop 5 hoops w/ gangin	10/28/20	5,810				5,810	5	MO S/L	3,880	1,162
23	26 PIE Bike racks flattop 5 hoops w/ gangin	10/28/20	10,790				10,790	5	MO S/L	7,200	2,158
24	11 PIE Bike racks flattop 5 hoops w/ gangin	10/27/21	10,185				10,185	5	MO S/L	4,420	2,037
25	7 PIE Kiosk Assembly - Aspira	11/16/21	7,980				7,980	5	MO S/L	3,458	1,596
26	TWP Tandem replacement	12/05/21	806				806	5	MO S/L	540	161
28	Received in trade for asset # 27	3/06/23	2,025				2,025	5	MO S/L	337	405
29	10 Drop E201L Electric assist bikes	9/06/22	15,000				15,000	5	MO S/L	3,000	3,000
30	30 Drop E201L Electric assist bike	9/06/22	45,000				45,000	5	MO S/L	9,000	9,000
31	18 Additl swappable batteries	9/06/22	4,950				4,950	5	MO S/L	990	990
32	30 Drop E201L Electric assist bikes	10/18/22	45,000				45,000	5	MO S/L	9,000	9,000
33	18 addtl swappable batteries	10/18/22	4,950				4,950	5	MO S/L	990	990
34	10 Drop E201L Electric assist bikes	10/18/22	15,000				15,000	5	MO S/L	3,000	3,000
35	Blast Bikes - TX 26 XS Black, TX 27.5 S B	4/14/23	3,000				3,000	5	MO S/L	450	600
36	Blast bikes - TX 26 XS Blue, TX 27.5 S Blt	4/14/23	3,618				3,618	5	MO S/L	543	723
37	8 Xtc Jr 20 Lite Azure Blue	9/14/23	1,952				1,952	5	MO S/L	130	391
38	34 BLAST Bikes	12/14/23	8,953				8,953	5	MO S/L	149	1,791
39	Dell Inspiron 17334 Laptop	9/01/16	1,396				1,396	5	MO S/L	1,396	0
	Sold/Scrapped: 1/01/24										
40	Kyokera TASKalfa 3050ci color copier	10/26/17	1,995				1,995	5	MO S/L	1,995	0
41	2 Mac Pros	6/11/18	3,998				3,998	5	MO S/L	3,998	0
	Sold/Scrapped: 1/01/24										
42	Mobile Education Exhibit	12/31/19	13,554				13,554	5	MO S/L	10,848	2,706
43	Apple Computers	6/23/14	468				468	5	MO S/L	468	0
	Sold/Scrapped: 1/01/24										
44	PC from Best Buy	10/22/14	1,200				1,200	5	MO S/L	1,200	0
	Sold/Scrapped: 1/01/24										
45	Apple Computer	3/23/15	598				598	5	MO S/L	598	0
	Sold/Scrapped: 1/01/24										
46	Apple Computer	10/30/15	1,656				1,656	5	MO S/L	1,656	0
	Sold/Scrapped: 1/01/24										
47	Macbook Air and app - Maggie	3/23/16	1,348				1,348	5	MO S/L	1,348	0
	Sold/Scrapped: 1/01/24										
48	Macbook Air and apps - Thomas	5/08/16	1,758				1,758	5	MO S/L	1,758	0
	Sold/Scrapped: 1/01/24										
49	Hard drive and spare power supply	7/07/16	318				318	5	MO S/L	318	0
	Sold/Scrapped: 1/01/24										
50	iPad Pro 9.7in Wi-Fi 256GB Silver	11/15/16	1,028				1,028	5	MO S/L	1,028	0
	Sold/Scrapped: 1/01/24										
51	GIS Station for Thomas	11/21/17	1,072				1,072	5	MO S/L	1,072	0
	Sold/Scrapped: 1/01/24										
52	Refurbished 13.3in Macbook Pro	10/08/20	1,917				1,917	5	MO S/L	1,248	383
53	13" MacBook Air, M1 chip, 8GB	12/17/20	1,248				1,248	5	MO S/L	777	250
54	Miovision - 2 Scout Video collections units	9/28/18	4,198				4,198	5	MO S/L	4,198	0
55	Miovision - 2 Scout Video collection units	9/28/18	6,000				6,000	5	MO S/L	6,000	0
56	2 refurbished 13.3" MacBooks	6/17/19	3,685				3,685	5	MO S/L	3,294	391
57	2 refurbished 13.3" MacBooks	6/17/19	1,500				1,500	5	MO S/L	1,350	150
58	refurbished 13.3" MacBook Air	4/16/21	869				869	5	MO S/L	448	174
59	MacBook Air for Linley Davis	8/12/21	1,120				1,120	5	MO S/L	532	224
60	Lenova Thinkpad for Tresa	10/04/21	2,750				2,750	5	MO S/L	1,242	550
61	Dell XPS 13 9310 for Michael	3/15/22	1,363				1,363	5	MO S/L	506	273
62	refurbished 13.3" MacBook Air	6/06/22	941				941	5	MO S/L	304	188
63	MacBook Air for Amy	7/19/22	1,198				1,198	5	MO S/L	360	240

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
64	2 iPad minis Wi-Fi for bike share ops	7/21/22	1,442			1,442	5	MO S/L	432	288
65	Park PRS 33.2 Electric Lift Repair Stand	8/04/22	2,994			2,994	5	MO S/L	850	599
66	MacBook Air w/ M1 chip - Liz	11/03/22	1,084			1,084	5	MO S/L	252	217
67	KACI Sold/Scrapped: 1/01/24	1/07/13	263			263	5	MO S/L	263	0
68	Chairs Sold/Scrapped: 1/01/24	5/15/14	60			60	7	MO S/L	60	0
69	IKEA Shelving	2/23/15	172			172	7	MO S/L	172	0
70	IKEA Shelving	3/04/15	51			51	7	MO S/L	51	0
71	IKEA Furniture	3/30/15	528			528	7	MO S/L	528	0
72	IKEA Furniture	7/29/15	422			422	7	MO S/L	422	0
73	IKEA Office Furniture	8/10/15	273			273	7	MO S/L	273	0
74	IKEA Furniture and Dishes	11/01/15	529			529	7	MO S/L	529	0
75	IKEA Shelving	12/17/15	1,417			1,417	7	MO S/L	1,417	0
76	IKEA 12 under desk cabinets	9/28/18	1,042			1,042	7	MO S/L	1,042	0
77	IKEA Shelving and kitchen supplies	10/29/18	1,022			1,022	7	MO S/L	1,022	0
78	2024 Ram ProMaster 3500	5/22/24	59,435			59,435	10	MO S/L	0	3,467
79	81 Drop Bikes	10/01/24	283,500			283,500	5	MO S/L	0	14,175
80	88 Drop Bike Batteries	9/01/24	66,000			66,000	5	MO S/L	0	4,400
81	42 BLAST Bikes	12/31/24	14,636			14,636	5	MO S/L	0	0
82	2 Adaptive Bicycles	2/01/24	7,070			7,070	5	MO S/L	0	1,296
<b>Total Other Depreciation</b>			<b>995,385</b>			<b>995,385</b>			<b>314,098</b>	<b>123,438</b>
<b>Total ACRS and Other Depreciation</b>			<b>995,385</b>			<b>995,385</b>			<b>314,098</b>	<b>123,438</b>
<b>Grand Totals</b>			<b>995,385</b>			<b>995,385</b>			<b>314,098</b>	<b>123,438</b>
<b>Less: Dispositions and Transfers</b>			<b>17,089</b>			<b>17,089</b>			<b>16,347</b>	<b>193</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>			<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>978,296</b>			<b>978,296</b>			<b>297,751</b>	<b>123,245</b>