Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(s)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No. 1545-0047

		i of the Tre enue Sen		The organization		•	of this retu	,	etete nor	wating rare draw	uante.			Public
				dar year, or tax year beg		we a copy		n to senary), and end		ward technoli	RET ALB.	. 2	nspect N	TON
				of organization			, == 14	· . • · · • • • • •		D Employer k	de nútice			
Bo	hack If a	uplester:		VER BIKE SHARING						26-40				
	A			Business As						~~ 10.		,		
		e ehenge i	· · · · · · · · · · · · · · · · · · ·	er and street (or P.O. box If mail	is not delivered to r	straet addres	# }	Room/suite		E Telephone	namber	·	· · · · · · · ·	
x	-	E refer		7 LARIMER STREET			~,			(303) B		275		
	-			r town, state or country, and ZIP -				L		(303) 64	<u></u>	523		
-				VER, CO 80205								2	707	460
	- retur Appl	cetter.		ne and address of principal office						G Gross receip H(s) is this a gro	·			,469
L	_ pend		4 (1993)		•					attilates?	•		•	XN
-	Tow -	cempt st		X 501(c)(3) 501(c) (H(b) Are all affil		te,	Yes	N
<u>.</u>			WIND P	X 501(c)(3) 501(c) (DENVERBIKESHARING		<u>n no.)</u>	4947(a)(1)	or 5	27	lf "No," atta		-	(10116)	
		<u> </u>			· · · · · · · · · · · · · · · · · · ·				····	H(c) Group exer	· · · · · · · · · · · · · · · · · · ·		<u>.</u>	
		_		X Corporation Trust	Association	Other 🕨		L Year	of formal	tion: 2009 N	State c	if legal do	micile:	CO
٢а	rtl	Sur	nmery							·····				
	1	Briefly	describ	e the organization's mission	or most significa	int activities	r							
8				HEALTH, QUALITY C							T IN			
ş				Y BUILDING AND OF	ERALING A	COMPR	EHENSIV	L, CIT	Y-WID	DE BIKE				
Governance	_			SYSTEM.										
8	2			If the organization										
	3	Numb	er of vot	ing members of the governin	ig body (Part VI, I	line 1a)					3			12
4	4	Numb	er of Ind	lepandent voting members of	the governing t	body (Part \	/i, line 1b)				4			11
Activities	5	Total r	humber	of individuals employed in ca	lender year 2010	0 (Part V, li	ne 2a)				5			17
Ř	6			of volunteers (estimate if nace							5			7
	78	Total g	prose un	related business revenue from	n Part VIII, colum	nn (C), line	12				7.			
	b	Net un	related	business taxable income from	n Form 990-T, är	18 34					7b			
										Prior Year		Cun	rent Yo	
5	8	Contril	butions	and grants (Part VIII, line 1h)							0.	1,	615	,875
Ē	9	Progra	um servic	ce revenue (Part VIII, line 2g) j							0.	1,	090	,106
Ē	10	Investi	ment inc	come (Part VIII, column (A), 🗄	nes 3, 4, and 7d)						0.			162
_	11	Other	revenue	i (Part VIII, column (A), lines i	5, 6d, 8c, 9c, 10c	, and 11e)					0.			0
	12	Total r	evenue	 add lines 8 through 11 (mu 	st equal Part VIII	, column (A	y, line 12) .				0.	2,	706	,143
	13	Grants	and sin	nilar emounts paid (Part IX, co	dumn (A), lines 1	1-3)					0.			0
	14	Benefi	ts paid t	o or for members (Part IX, col	lumn (A), line 4)						0.			0
- 2	15	Salarie	ss, other	r compensation, employee be	nefits (Part IX, or	olumin (A), i	ines 5-10)				0.		414	,305
Ē	164	Profes	alonal fi	undraising fees (Part IX, colum	m (A), lina 11e)						0.			0
	b	Total f	undraisi	ng expenses (Part IX, column	(D), line 25) 🕨									****
-	17	Other	expense	e (Part IX, column (A), lines t	1-11d, 11(-24)						0.	••••••	742	,662.
	18	Total e	openses	. Add lines 13-17 (must equi	ni Part IX, column	n (A), line 2	5)				0.			,967.
	19	Reven	ue less :	expenses. Subtract line 18 fro	m line 12		· · · · · ·	• • • • • • •			0.			,176.
28									Begin	ning of Current \			of Yee	
1.	20	Total a	ssets (P	art X, line 16)							0.	2.	099.	,147.
룅				(Part X, ilne 26)		• • • • • •					0.			971
2 E				und balances. Subtract line 2	1 from line 20.	• • • • • • •					0.			176.
Pa			nature								1	-/		
					tetum, including a	iccompanyir	n scheckles	and statemen	ta and to	the heat of my in	nowlade	a and he	ا الما	
com	ect, en	id comp	iole. Deci	declare that I have examined this aration of preparer (other than of?	cer) is based on a	Il Information	n of which pri	eperer hes an	y knowled	dge.				
S	gn		File	od Conv										
	are	- P 6	Bigneture	of officer		<u>an da tang ang dan</u>	<u>ta kantata a</u>		<u></u>	Date	an a stady		<u></u>	فسيستعد
		7	Voe or n	Int name and the					·····	·····				<u> </u>
				arer's name -	Preparer's signa			Date		Cheef #				,
Paid				SCIRESBY	The last	Sent	1.		100	Check If self-		PTIN		
Ртер	arer		<u> </u>		many	score	ny	08/12	······			P005		67
Uee	Only	Firm's		CBIZ MHM, LLC								85426		
				0101 E. TUFTS AVE., SU						Phone no.	720-	200-7		
				return with the preparer show		natructions)		<u></u>				X Ye		No
For	aper	work A	ieductio	n Act Notice, see the separa	le instructions.							Form	990	(2010)

Form 8868 (Rev. 1-2011) Page 2 • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Х Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed) Type or Name of exempt organization Employer identification number DENVER BIKE SHARING print 26-4028327 Number, street, and room or suite no. If a P.O. box, see instructions. File by the extended 2737 LARIMER STREET, SUITE A due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See DENVER, CO 80205 instructions Enter the Return code for the return that this application is for (file a separate application for each return) 011 Application Return Application Return Is For Code Is For Code Form 990 01 Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-PF Form 5227 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of PARRY BURNAP Telephone No. ► 303 825-3325 FAX No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until 11/15 , 20 11 5 For calendar year 2010, or other tax year beginning 20 , and ending 20 6 If the tax year entered in line 5 is for less than 12 months, check reason: X Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. If this application is for Form 990-BL 990-PF 990-T 4720 or 6069 8a enter the tentative tax less any

	nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any		
	amount paid previously with Form 8868.	8b	1
C	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS		
	(E)optropic Endered Tax Devenent Overland) One (notice)	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Date > 07/22/2011 Title 🕨 Form 8868 (Rev. 1-2011)

JSA 0F8055 3.000

orm 990 (2010)			26-4028327	Pa
Part III Sta Che	tement of Program Service ock if Schedule O contains a	Accomplishments response to any question in this Part III		· · · · · · [X]
PROMOTE		ion: LIFE AND PRESERVATION OF 1 OPERATING A COMPREHENSIVE,		
	ING SYSTEM.	DEERATING A COMPREMENSIVE,	CITI-WIDE	
Did the era	onization undertake anu a	ignificant program services during the		
the prior Fo If "Yes," des	rm 990 or 990-EZ?		• • • • • • • • • • • • • • • • • • • •	Yes
services?				Yes X
4 Describe the Section 501	exempt purpose achiever (c)(3) and 501(c)(4) organi	nents for each of the organization's thre zations and section 4947(a)(1) trusts a s, and revenue, if any, for each program	re required to report the amount of	
		830,110, including grants of \$) (Revenue \$	1,090,106.)
	41 J.L.118. J			

·····			*****	

b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
*****	******		***************************************	******

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	****			****
<u> </u>	- / <i>a</i> -	· · · · · · · · · · · · · · · · · · ·		
c (Code:) (Expenses \$	including grants of \$) (Revenue \$)

<u></u>				
www				·····
	m services. (Describe in Sc			*******
(Expenses \$		hedule O.) grants of \$) (Revenu 830, 110.	ie \$)	

Form 990 (2010) Part IV

Par	t IV Checklist of Required Schedules			¥
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	ann mar an
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes, "complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			*****
	the environment, historic land areas, or historic structures? If "Yes, "complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes, "complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investmentsothersecurities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes, "complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			*****
	of its total assets reported in Part X, line 16? If "Yes, "complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes, "complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12a		X
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form			
	990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010)

JSA 0E1021 1.000

Form	990 (2010) 26-4028327		1	Page 4
Par	t IV Checklist of Required Schedules (continued)	·····		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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
24 a	5			
	\$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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease 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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25 a		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?			J
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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 Schedule L,	20.85	a asi	Masara
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes,"complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

1a Enter the number of Forms W-2G included in the 1a. Enter -0- if not applicable 1b 0 b Enter the number of Forms W-2G included in the 1a. Enter -0- if not applicable 1b 0 2 Entor the number of Forms W-2G included in the organization of Form W-3. Transmittal of Wage and Tax 1c 1c 2 Entor the number of entypices reported on Form W-3. Transmittal of Wage and Tax 2a 111 112 2 Entor the one is reported on Ine 2a, did the organization file all required Ideaia omplyment. tax returns 2b 2b 3 Did the organization have unrelated business gross income of \$1,000 or more other authority over, a financial account; or a signature or other returns of the foreign country (such as a bank account, securities account, or other financial account; or a signature or other returns of the foreign country (such as a bank account, securities account, or other financial account; account; or a signature than such as a table to reganization have an intorest in a site any troe during the tax year? 5a 5a Was the organization have auritude gross receipts that are normally greater than \$100,000, and did the organization file form \$888-T? 5a 5a bit are organization new aurual gross receipts that are normally greater than \$100,000, and did the organization new appression takes ductible? 7a 7b If Tes, 'full the organization file form \$888-T? 7a 7a 7b If Tes, 'full the organization new appression tax aurual gross receipts thatare normaby greater than \$100,000, and did the organiza	Form 9	26-4028327			Page
1 a Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable	Part				
1a Enter the number of server XV2 chicked in line 1a. Enter 0-if not applicable 11 12 12 b Enter the number of forms XV2 chicked in line 1a. Enter 0-if not applicable 12 12 12 c Did the organization comply with nacking withholding rules for reportable payments to vendors and reportable gamming (gambing) winnings to prize winners? 12 12 2 Enter the number of ennotyXV2 between reportation form VX-3. Transmital of Vage and Tax Statements, filed for the calendar year anding with or within the year overde by this return? 12 2 b fit views in the calendar year anding with or within the year overde by this return? 2 2 2 Note. If the sum of lines ta and 2a is groater than 250, you may be required to efficie cerisitructions? 3		Check if Schedule O contains a response to any question in this Part V.	• • •	• • •	
b Enter the number of Forms W-20 included in line 1a. Encer 4- if not applicable [16] [17] c Duit the organization composite to prize winners? [16] [16] 2a Enter the number of amplyoes reported on Form W.3, Francemital of Wage and Tax, [26] [17] 2a Enter the number of amplyoes reported on Form W.3, Francemital of Wage and Tax, [26] [27] 3b If at least one is reported on Ine 2a, did the organization file all required federal omplyoment tax network? [36] 3b If vest, file atom 100 E1 for this year? [36] [36] 3b If vest, file atom 200 E1 for this year? [36] [37] 3b If vest, file atom 200 E1 for this year? [36] [36] 4a Atomy time during the calendar year, did the organization have an intares in, or a syntaxer or other authority over, a financial accounts for filing requirements for Form 10F 80-221, Report of Foreign Bark and Financial Accounts. [36] 5a Was the organization apply to a prohibited tax shellor transaction at ny true during the tax year? [36] 5b If vest, 'idu the organization include with every solicitation an organization apply to a prohibited tax shellor transaction? [36] 6b Organization apply to a prohibited tax shellor transaction or that year during the year? [36] 7c gifts were not tax deductible commutations under section 170(c). [36] [36]	1 2	Enter the number reported in Roy 2 of Form 1006. Enter 0 if not applicable		Yes	N
c Did the organization compty with backup withindding rules for reportable payments to vendors and the reportable gaming (aschling) winnings to price winners? 2a Entor the number of emptyees reported on Form W-3, Transmitta of Wage and Tax [2] 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If he sum of fires 1 and 2a is greater than 250, you may be required to effic, fee instructions) 3a Did the organization have unrelated business gross income of \$1,000 or met during the year? 3b If "Yes," has tilled a Form 990-1 for his year? If "No, <i>Provide an explanation in Schedule 0</i> 3b If "Yes," has tilled a Form 990-1 for his year? If "No, <i>Provide an explanation in Schedule 0</i> 3b If "Yes," has tilled a Form 990-1 for this year? If "No, <i>Provide an explanation in Schedule 0</i> 3c Did the organization and year, did the organization have an interest in a cost signature or other autilority over, a financial account; whereas a numerate the organization and prove the organization and prove the organization and the display. b If "Yes," for line 5a or 5b, did the organization that it was or it a party to a prohibited tax shelter transaction of gifs were not tax deductible? c Organization solicit any contributions that were not tax deductible? c Organization shelt may receive deductible contributions under section 170(c). b If "Yes," full the organization include with every scientation an express statement that such contributions or gifts were not tax deductible? c Organization shelt, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? Red during the year? c Old the organization mether of Forms 8282 Rid during the year? c Did the organization mether of Forms 8282 Rid during the year? c Did the organization methan of a combined on active or indirectly, to pay prentiums on a personal benefit c					
repertable garning (gambling) Winnings to prize winners?. In In <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C? 7h s Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 9 Did the organization make any taxable distributions under section 4966? 9a 9 Did the organizations. Enter: 10a 1 Initiation fees and capital contributions included on Part VIII, line 12 10a 1 Section 501(c)(7) organizations. Enter: 10a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11a 2 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in lieu of Form 1041? 12a 1 If "Yes," enter the amount of tax-exempt interest received or accrued during the year? 13a 3 Section 4947(a)(1) non-exempt charitable					
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Form 9	990 (2010) 26-4028327			P
Par	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	or ch	olow ang	a əs
	Check if Schedule O contains a response to any question in this Part VI			
Sec	tion A. Governing Body and Management			
			Ye	*
1a	Enter the number of voting members of the governing body at the end of the tax year ta 1	2		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
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		
3	Did the organization delegate control over management duties customarily performed by or under the direct	•	-	-
3				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	-	+	-
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4	+	-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		
6	Does the organization have members or stockholders?	. <u>6</u>		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	, <u>7a</u>		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?	• •	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	• •	-	
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u> </u>	
	ion are one of this occurs bioquesis monitation about policies not required by the meenial revenue	- 000	Ye	.
				-
	Does the organization have local chapters, branches, or affiliates?	. <u>10</u> a		
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	, <u>10b</u>	_	_
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	. <u>11a</u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	,		1
Ť	describe in Schedule O how this is done	12c	X	
3		13	X	-+
	Does the organization have a written whistleblower policy?	•		+
4	Does the organization have a written document retention and destruction policy?	. 14	- 128 ST	
5	Did the process for determining compensation of the following persons include a review and approval by		N 28.	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	009086		3
а	The organization's CEO, Executive Director, or top management official		X	4
b	Other officers or key employees of the organization	<u>15b</u>		_
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			-
6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			-
	the organization's exempt status with respect to such arrangements?	16h	000000000	1
ect	ion C. Disclosure	1100		
7	List the states with which a copy of this Form 990 is required to be filed • CO,			•
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl	y)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t		
	policy, and financial statements available to the public.			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: PARRY BURNAP 2737 LARIMER STREET, SUITE A DENVER, CO 80205			
	(303) 825-3325			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	institutional truslee	Officer	all t Key employee	p. Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) KEN GART							****		* ····	
OFFICER AND CHAIR OF BOARD	1.00	Х	ļ	Х				0.	0.	0.
PARRY BURNAP DIRECTOR & EXECUTIVE DIRECTOR	50.00	X		x				40,000.	0	0.
(3) STEVE SANDER										
OFFICER AND SECRETARY	1.00	х		х				0.	0	0.
(4) MICHAEL FAHNDRICH										
OFFICER AND TREASURER	1.00	Х		Х				0.	0	0.
(5) PETER COAKLEY										
DIRECTOR	1.00	Х						0.	0	0.
(6) ADAM DEVOE]									
DIRECTOR	1.00	Х						0.	0.	0.
(7) ANDY DUVALL										
DIRECTOR	1.00	X						0.	0	0.
(8) DR. ERIC FRANCE										
DIRECTOR	1.00	Х						0.	0	0.
(9) JAY KENNEY										
DIRECTOR	1.00	X						0.	0.	0,
(10)EMILY SYNDER										
DIRECTOR	1.00	Х						Ο.	0	0.
(11)ROBIN THURSTON										
DIRECTOR	1.00	Χ						S.	0	<u> </u>
(12)TOM WALTON										
DIRECTOR	1.00	Х						0.	0	0.
_ (13)										
(14)									*****	nalmaarade aar naar na meen ander aar han aar ne de
<u>(15)</u>										
(16)										******

JSA 0E1041 1.000

	990 (2010)								26-4 0 28327			Page 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	ey Er	npl	оуе	es,	and	Hig	hest Compensa	ted Employe	es(contir	iued)
	(A) Name and title	(B) Average			checi		that app	and a second	(D) Reportable	(E) Reportable	1	(F) Estimated
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-MIS	1 s ^c SC)	amount of other ompensation from the organization and related organizations
(17)												
(18)		 										
(19)		 							+			
(20)												
(21)												
(22)												
(23)				-								
(24)									1			
(25)												
(26)												
(27)						_						
			ļ			ļ						
(28)												
c	Sub-total Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)	tion A				•••	• • •		40,000.		0.	0.
	Total number of individuals (including but not lim reportable compensation from the organization			ed a				ceiv		,000 in		
				-								Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo Je J for sud	or or ch ind	tru ividu	ist or Jal	9, i ••	key e • • •	impi	loyee, or highest	compensate	d 3	
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	ian \$	150	,000)?	If "Y	6s, "				X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											
	tion B. Independent Contractors	·····										···· · · · · · · · · · · · · · · · · ·
1	Complete this table for your five highest compensation from the organization.	compensate	ed in	dep	end	ent	cont	ract	ors that received	l more than	\$100,000) of
	(A) Name and business addr	ess							(B) Description of serv	vices		C) ensation
NON	IE											
								<u> </u>				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos 0	e li	sted above) who	received		
JSA											For	m 990 (2010)

m 99	90 (20)10)				26-4028327		Page
art	VIII	Statement of Reven	nue			,	* *****	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from t under section 512, 513, or 51
2	1a	Federated campaigns	<u>1a</u>					2.040-000
and other similar amounts	b	Membership dues	<u>1</u> b					
Ĕ	С	Fundraising events		****				
	đ	Related organizations						
SIB	•	Government grants (contribut	· · · · ·	210,000.				
Ter l	f	All other contributions, gifts, grant end similar amounts not included		1,405,875.				0.000
	9	Noncash contributions included in						
	- -	Total. Add lines 1a-1f			1,615,875.			
				Business Code				
	2a	MEMBERSHIP FEES		900099	243,900.	243,900.		
	b	UŞAGÊ FEES		900099	146,626.	146,626.		
	¢	SPONSORSHIPS	9000099	697,791.			697,7	
	d	REPLACEMENT FEES MISCELLANDOUS		900099 900099	251. 1,538.	251.		
	e 1	All other program service reve			1,536.	1,236,		
	9	Tota(. Add lines 2a-2f			2,090,106.		e i Pristan da	
	3	Investment income (including other similar amounts)	dividends, interes	st, and	1,488.			1,5
	4	Income from investment of ta:	x-exempt bond pr	oceeds Þ	<u>0.</u>			
	5	Royalties	(i) Real	(li) Personal	0.			
				(II) Persona:				
	6a	Gross Rents						
	b c	Less: rental expenses Rental income or (loss)				tion of the second second		
	d	Net rental income or (loss)			оны ораналистика О.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	ra	assets other than inventory						
	b	Less: cost or other basis						
		and sales expensas		1,326.				
	c d	Gain or (loss)		1,326.	1 200			
	а 8а	Net gain or (loss) Gross income from f		· · · · · · · · · · · · · · · · · · ·	-1,326.			-1,3
	0a	events (not Including \$						
		of contributions reported on lin						0.000
		See Part IV, line 18	,					
	b	Less: direct expenses						
5	c	Net income or (loss) from fund	Ş	, <u> ▶</u>	0.			
	9a	Gross income from gaming ac See Part IV, line 19	a	1				
	b c	Less: direct expenses Net income or (loss) from gan			0.			
1	0a	Gross sales of inventor returns and allowances	ory, less					
	b c	Less: cost of goods sold Net income or (loss) from sale	b		0.			200
		Miscellaneous Reven		Bustness Code	1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -			1.22.2
1	1a							
	b							
	¢							+
	d	All other revenue						
	e	Total. Add lines 1 ta-11d - Total revenue. See instruction						

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) but are not required to complete columns (B), (C), and (D). (C) Management and general expenses (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, (B) Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistence to governments and 1 organizations in the U.S. See Part IV, line 21 . . 0 2 Grants end other assistance to individuals In the U.S. See Part IV, line 22 0 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Û 0 Benefits paid to or for members 5 Compensation of current officers, directors, 40,000. 40,000. trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 310,892. 153,735. 157,157. 7 Other salaries and wages Pension plan contributions (include section 401(k) 8 0 and section 403(b) employer contributions) 29,763. 18,046. 11,717. 9 Other employee benefits 33,650. 18,414. 15,236. 10 Fees for services (non-employees): 11 a Management 0 68. 68. 7,500. 7,500. c Accounting 0. d Lobbying 0. Professional fundraising services. See Part IV, line 17 0. 1 investment management fees 32,553. 6,398. 26,155. 71,595. 71,595. 12 Advertising and promotion 14,794. 5,096. 9,698. 13 67,888. 67,888. Information technology 14 0. Royalties 15 37,589. 225. 37,814. 16 0 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0. Conferences, conventions, and meetings 19 1,464. 1,464. 20 Payments to affiliates 0. 21 286,722. 286,722. Depreciation, depletion, and amortization 22 2,679. 44,401. 41,722. 23 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) a WARRANTY 61,749. 61,749. 33,910. 23,895. 10,015. **b**UTILITIES 16,998. 16,998. c WELCOME KITS 28,468. 27,961. 507. d MERCHANT_FEES 11,702. 11,702. e REPAIRS 6,512. 25,036. 18,524. f All other expenses 830,110. 1,156,967. 326,857. 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here > _____ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

JSA 0E1052 1.000

Part X		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	357,931.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	0.	4	94,214
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			a événe a a évé
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons			
	described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of			
(8)	section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 ¥8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10 a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 1,899,791.			
b	Less: accumulated depreciation	0.	10c	1,613,447.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	33,555
16	Total assets. Add lines 1 through 15 (must equal line 34)	Ο.	16	2,099,147
17	Accounts payable and accrued expenses	0.	17	234,254
18	Grants payable		18	
19	Deferred revenue		19	290,078
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			
21 22 21	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties ATCH. 4.		23	25,639.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	549,971
_	Organizations that follow SFAS 117, check here X and complete	s og Sakod Brendrige		
83	lines 27 through 29, and lines 33 and 34.			1
27	Unrestricted net assets	Ú.	27	1,549,176
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	0.	33	1,549,176.
34	Total liabilities and net assets/fund balances	0.	34	2,099,147.

Forr	rm 990 (2010) 26-4028327			Pa	age 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	* * * * * * * * *	****		<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		****	143.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	<u>56,9</u>	967.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,5	49,1	176.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	1,5	49,1	76.
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	*****	* * • = =		
				Yes	No
1	Accounting method used to prepare the Form 990; Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain it	٦			16.49
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	plain in			
d	I If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	were			
	issued on a separate basis, consolidated basis, or both;				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	Carlo Carlo Carlo		0.000000000000
	the Single Audit Act and OMB Circular A-133?		3a		x
b	* * * * * * * * * * * * * * * * * * * *	io the	•		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status a	nd Public Support
	Complete if the organization is a section 50 4947(a)(t) nonexempt ch	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.	See separate instructions.

OMB No. 1545-0047
2010
Open to Public

Ine

Name of t	the organization	•••••						Emplo	ver iden	tification number
	R BIKE SHARING								-	5-4028327
Part I			s (All organizations mu	ust cor	nplete	e this pa	art.) Se	e instr		
The orga			use it is: (For lines 1 throu							
1	A church, conventi	on of churches, or a	association of churches de	escribed	d in	section	170(b)	1)(A)(i).		
2	A school described in section 170(b)(1)(A)(II). (Attach Schedule E.)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III).									
4	A medical researd	ch organization op	erated in conjunction w	vith a	hospita	al desci	ribed in	sectio	n 170(l	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)(b) (Complete Red II))									
e 🗔	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
6 7									- 4 4.	
' []			es a substantial part of i	ns sup	port ir	om a ge	overnme	ental ur	na or tre	om the general public
•			(Complete Part II.)	المغمامين	D	、				
8 9 X			on 170(b)(1)(A)(vi). (Con	-		•				
a 🔽			es: (1) more than 33 1/3 %							
			exempt functions - sub							
			ome and unrelated bus				-		n 511	tax) from businesses
10			ne 30, 1975. See section	•				•		
10 11			ed exclusively to test for p							.
••			rated exclusively for the							
			upported organizations d							
			es the type of supporting					lines T		
•	a Type I	b Type				hally inte			d [Type III - Other
e			the organization is not							
			gers and other than one	or mo	pre pu	DIICIY SL	ipportec	i organ	izations	described in section
	509(a)(1) or sectio								-	11
1			n determination from th				ype I,	туре II,	or typ	
~							• • • •	• • • •		• • • • • • • • • • • • • • • • • • •
g		ouo, nas the organi	zation accepted any gift o	r contri	DULION	from an	iy or the			
	following persons?	directly or indire	othe controls sither sta							
			ctly controls, either alout			er with	person	is desc	ribed in	••••••••••••••••••••••••••••••••••••
			ty of the supported organ	nzauon	11 · ·	• • • •			• • • •	· · · 119(i)
	(III) A family memb				• • • •	• • • •			• • • •	• • • • 11g(ii)
ь			n described in (i) or (ii) ab		•••		• • • •	• • • •		11g(iii)
h (1) bl			t the supported organization	1		10000		1 (1)		
	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9) is the zation in		you notify anization		is the tation in	(vil) Amount of support
			above or IRC section		listed in overning	in col	l. (I) of	col. (i) o	rganized	
			(see instructions))	Yes	Imeni?		upport?		U.S.?	
				183	No	Yes	No	Yes	No	
(A)										
						┨────		 		
(B)										
			······							
(C)										
				. 	 			 		
(D)						1				
				-		+				
(E)				Ì						
					L.		Contractor Sector	-		
-										
Total				Manaza	1-3-3-		1259633			<u> </u>

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

26-4028327

Page 2

Par	t If Support Schedule for Or (Complete only if you chec Part III. If the organization i	ked the box or	n line 5, 7, or	B of Part I or if	the organizat	ion failed to qu	.)(∨l) alify under
Sec	tion A. Public Support	and to quality		S listed below,	please comp	ete i artin.j	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Galo	ider yen (of navar yen beginning in)					(0)	(.)
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included	12000000	Chesologica de la		1		
	on line 1 that exceeds 2% of the amount					S 20 S 10 S 20	
c	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
6 Sec	tion B. Total Support		L	i			
	ndar year (or fiscal yeer beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		<u> </u>			(-/	()
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						_,
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	1.63.6	ul i k na .				
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years, if the Form 990 is f	or the organizati	on's first, secor	id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u></u>					🕨
	tion C. Computation of Public Sup		-				
14 15	Public support percentage for 2010 (line Public support percentage from 2009 S	()		,	• • • • • • • •	14	<u>%</u>
	33 1/3 % support test - 2010. If the c			hov on line 13		22 1/2 % or mor	%
104	this box and stop here. The organization						
b	33 1/3 % support test - 2009. If the o						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t						
	organization ,						▶ 🔲
b	10%-facts-and-circumstances test - 2	2009. If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						publicly
	supported organization		••••				▶∟
18	Private foundation. If the organizatio						
	instructions					• • • • • • • • • •	<u> Þl</u>

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-E7) 2010

26-4028327

Page 3

	Idle A (Form 350 or 350-EZ) 2010				-4020527		raye 🗸
Par	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box on I	ine 9 of Part I	or if the organi			Part II.
Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees			(-,	(4, 2000	(-)	(1) 1044
	received. (Do not include any "unusual grants.")					1,615,875.	1,615,875.
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					1,090,106.	1,090,106.
3	Gross receipts from activities that are not an					1,030,100.	1,090,100.
•	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5					2,705,981.	2,705,981.
7 a	Amounts included on lines 1, 2, and 3					2,10.3,201.	2,703,901.
	received from disqualified persons					7,200,	7,200.
b	Amounts included on lines 2 and 3					7,205,	7,2001
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line t3 for the year						
	Add lines 7a and 7b					7,200.	7,200.
8	Public support (Subtract line 7c from						3,200.
Ŭ	line 6.)						0 /00 701
Sec	tion B. Total Support						2,699,781.
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6		(-) 2007	(4) 2000	(4) 2000		**********
	Gross income from interest, dividends,					2,705,981.	2,705,981.
	payments received on securities loans,						
	rents, royalties and income from similar sources.					1 470	1 430
ь	Unrelated business taxable income (less					1,438.	1,488.
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						2.000
11	Net income from unrelated business					1,488.	1,488.
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
t3	Total support. (Add lines 9, 10c, 11,						
13						o mon 1/60	A 757 474
t4	and t2.) First five years. If the Form 990 is for	the organization	l first second	third fourth or	fifth tox your a	2,707,469.	2,707,469.
1.49	organization, check this box and stop here	*			•	1	· · ·
Sec	tion C. Computation of Public Su	***************************************		* * * * * * * * *	* * * * * * * * *		
15	Public support percentage for 20 t0 (line 8, c			(f))	******	4.6	0/
16	Public support percentage for 2010 (line 0, 0 Public support percentage from 2009 Sched		-			15	<u>%</u>
	tion D. Computation of Investmen				*******	16	70
		***************	******************				Δ <i>1</i>
17	Investment income percentage for 2010 (li					17	%
18	Investment income percentage from 2009					18	%
មេខ	33 1/3 % support tests - 2010. If the or	•					·
٤	17 is not more than 331/3%, check th						
b	33 1/3 % support tests - 2009. If the orga						
	line 18 is not more than 331/3%, check		•	* ,		•••	[
20	Private foundation. If the organization	via not check a	a pux on line	14, 198, OF 190	, UNECK UNS DO	x and see instruc	aions 💌 📔

Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

400003191

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Infernal Revenue Service	 Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. 		омв №. 1545-0047 2010
Name of the organization		Employ	er identification number
DENVER BIKE SHARING		26-4	028327
Organization type (check one)			
Filers of:	Section:		
Form 990 or 990-EZ	$\begin{bmatrix} X \end{bmatrix}$ 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private four	dation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	r	
	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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 $_{1/3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization DENVER BIKE SHARING

Page____ of ____ of Part I

Employer identification number

26-4028327

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributíons	Type of contribution
1	SEE SCHEDULE O	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2	WALTON FAMILY FOUNDATION PO BOX 2030 BENTONVILLE, AR 72712	\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
_ 3 _	THE KENNEY BROTHERS FOUNDATION 910 GAYLORD ST DENVER, CO 80206	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
- 4 -	PEAR COMMERCIAL INTERIORS 3655 FRONTIER AVE BOULDER, CO 80301	\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1 1	SEE SCHEDULE O	\$\$	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
- 6 -	SEE SCHEDULE O	\$ \$	Person X Payroll Noncash (Complete Part II if there is

JSA 0E1253 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization DENVER BIKE SHARING

Page____ of _____ o
Employer identification number of Part II

26-4028327

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	DONATED OFFICE FURNITURE.		
		\$31,29	5. 02/01/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	SEE SCHEDULE O.	der Aussechnung.	
		\$\$	02/01/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

JSA 0E1254 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047
2010

•	rtment of the Treasury al Revenue Service	► Attach to	Form 990. See separate instructi	lons.	Open to Public Inspection	
	of the organization			Employer Identific		
DEN	VER BIKE SHA	RING		26-40283	27	
Pai	t I Organiza organiza	ations Maintaining Donor Ad tion answered "Yes" to Form 9	vised Funds or Other Similar Fu 990, Part IV, line 6.	nds or AccountsCom	plete if the	
			(a) Donor advised funds	(b) Funds and	other accounts	
1	Total number at e	nd of year				
2		outions to (during year)				
3	Aggregate grants	from (during year)				
4	Aggregate value a	at end of year				
5	+		lvisors in writing that the assets held in organization's exclusive legal control?		Yes No	
6	used only for chai	ntable purposes and not for the be	d donor advisors in writing that grant fur anefit of the donor or donor advisor, or	for any other		
	purpose conferrin	g impermissible private benefit?	<u></u>			
Par			the organization answered "Yes"	to Form 990, Part IV,	line 7.	
1	[·····]		organization (check all that apply).			
		n of land for public use (e.g., recre		ation of an historically imp		
		f natural habitat		ation of a certified historic	: structure	
2		n of open space	Id a qualified concernation contribution	in the form of a company.		
2		a through 2d if the organization he last day of the tax year.	ld a qualified conservation contribution	in the form of a conserv-	ation	
		docady of the tax your.		Held at the	End of the Tax Year	
а	Total number of c	onservation easements		2a		
b			3			
с			istoric structure included in (a)			
d			acquired after 8/17/06, and not on a			
				2d		
3			ferred, released, extinguished, or termi		n during the	
			-		-	
4	Number of states	where property subject to conserv	vation easement is located			
5	Does the organization	tion have a written policy regardir	ng the periodic monitoring, inspection, l	handling of		
	violations, and en	forcement of the conservation eas	ements it holds?		Yes No	
6	Staff and voluntee	r hours devoted to monitoring, ins	specting, and enforcing conservation ea	asements during the yea	r	
	•					
7	Amount of expense	es incurred in monitoring, inspect	ing, and enforcing conservation easem	nents during the year		
	▶\$					
8			2(d) above satisfy the requirements of			
	(i) and 170(h)(4)(E	3)(il)?			🗌 Yes 🛄 No	
9			onservation easements in its revenue			
			the footnote to the organization's finan	icial statements that desi	cribes the	
Dar		counting for conservation easemer	is of Art, Historical Treasures, or	Othor Similar Acces	•	
Fai			"Yes" to Form 990, Part IV, line 8		5.	
1a			FAS 116 (ASC 958), not to report i ar assets held for public exhibition,		t and balance shee	
	public service, pro	ovide, in Part XIV, the text of the f	foothote to its financial statements the	at describes these items	•	
b	works of art, his	torical treasures, or other simil	SFAS 116 (ASC 958), to report in ar assets held for public exhibition,	its revenue statement , education, or researc	and balance sheet th in furtherance of	
public service, provide the following amounts relating to these items: (I) Revenues included in Form 990, Part VIII, line 1						
2	(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 following amounts required to be repetted under SEAS 116 (ASC 059) relating to these items:						
а	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1					
b	Assets included in	Form 990, Part X	······	···· ▶		
For P		Act Notice, see the instructions for I			le D (Form 990) 2010	
JSA 0E1268					- •	
		9/21/2011 10:21:04	AM V 10-7.2 400	003191	PAGE 2	

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 are a significant use of its collection messence in that apply: a	Sched	ule 0 (Form 990) 2010					2	26-40	28327			F	2age 2
collection terms (check all that apply): a	Par	III Organizations Maintaini	ng Collec	ctions of	Art, Histo	orical	Treasure	əs, or	Other Similar /	Assets(c	continue	ed)	
a Public exhibition d Coan or exchange programs b Scholarly research Other Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be ministrated aspart of the organization's collection? Yee No 7 During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be ministrated aspart of the organization's collection? Yee No 7 During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be ministrated aspart of the organization's collection? Yee No 7 During the year, did the organization aspect the organization's collection? Yee No No 9 During the year, did the organization aspect the organization's collection? Yee No 9 During the year, did the organization aspect the organization's collection? Yee No 9 During the year, did the organization aspect the organization's collection? Yee No 9 During the year, did the organization aspect the organization's collection? Yee No 9 Du		Using the organization's acquisition		ion, and c	other recor	ds, ch	eck any o	of the	following that a	re a sign	ificant (ise o	of its
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c Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solid 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 lif the organization answered "Yes" to Form 990, Part X, line 21. In a site organization an agent, trustee, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X I, line 21. 1a is the organization induce an amount on Form 990, Part X, line 21. c Beginning balance 1d c Ending balance 1d d Additions during the year 1d e Distributions during the year 1d d Did the organization include an amount on Form 990, Part X, line 217 Yes No b If Yes', explain the amangement in Part XI V Part V Endorupanization include an amount on Porm 990, Part X, line 217 Yes No b Beginning of year balance (a) Current year (b) Pinor year (c) Two years back (d) from years back (d) from years back (d) f					<u> </u>	_		•					
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XV. 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?	C 4			collections	and ovel	ain ha	w thay fu	urthar t	iha organization's	evernot		o in	Part
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b Contributions			(a) Curre	nt year	(b) Prior y	ear	(C) Two y	ears bac	* (d) Inree yea	srs Dack	(e) Four	years	DECK
c Net investment eamings, gains, and losses										<u>(1912) (1911)</u>			
and losses	0												
d Grants or scholarships	C												
e Other expenditures for facilities . and programs		1			·····								
and programs	_												
f Administrative expenses	9	,								landar des viss General des viss			
g End of year balance													
2 Provide the estimated percentage of the y ear end balance held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment funds not in the pos session of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) unrelated organizations b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (a) Book value (cherr) b Buildings c Leasehold improvements d Equipment 1, 839, 791. 286, 344 286, 344 1, 613, 447.													
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(ii) related organizations 3a(ii) b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (a) Cost or other basis (investment) (b) Cost or other basis (other) b Buildings		•											
b if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) 1a Land		.,											<u> </u>
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b												
Part VI Land, Buildings, and EquipmentSee Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land											IL	!	L
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a L													
b Buildings	, ui			(a) Cost or	other basis	1	ost or other b	asis		((d) Book va	luə	
b Buildings	<u>1a</u>	Land				+				·····			
c Leasehold improvements			-			1							
d Equipment 1,899,791. 286,344 1,613,447. e Other		-											
e Other			-			1	1,899,7	91.	286,344.		1,61	3,4	47.
	0		~										
	Tota			qual Form	990, Part	X, colu	ımn (B), lii	ne 10(c	;).)▶		1,61	3,4	47.

Schedule D (Form 990) 2010

Schedule D (Fo			26-4028327	Page 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, Iir	ie 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
	I derivatives			
	neld equity interests			
(3) Other				
(A)	الله الله مي الله عن الله الله عن الله عن الله عن الله عن الله عن الله عن مي الله الله الله عن الله عن الله الل			
(8)				
(<u>C</u>)		4		
(D)				
(E)				
(F)				
(G) (H)		+		
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F		13 ac	
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
	(a) Description of investment (ype	(b) DOOK Value	Cost or end-of-year market va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		+		
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li			(1) D
(1)	(a) Description		(b) Book value
(2)				
(3)			······	
(4)	·····			
(5)				
(6)		*******		·····
(7)				
(8)				*****
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) lina 15.)		<u></u>	
Part X	Other Liabillties. See Form 990, Part X			
1.	(a) Description of liability	(b) Amount		
	l income taxes			
(2)				Line was set to be stored
(3)			werden werden state and the second second	
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)			Constraint of the Annual State of the State	
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	SC 740) Footnote. In Part XIV, provide the tex		organization's financial statements that rep	orts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). JSA 0E1270 1.000 zμ

Schedule	D (Form 990) 2010	2	6-4028327		Page 4
Part >	Reconciliation of Change in Net Assets from Form 990 t	o Audited	d Financial Stat	ements	
1					
2					······································
3				•	
4	Net unrealized gains (losses) on investments			· · · · · · · · · · · · · · · · · · ·	****
	Denoted exprises and use of facilities			. 5	
5	Donated services and use of facilities				
6	Investment expenses			· •	
7	Prior period adjustments			. 7	
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine				
Part)			h Revenue per l		·
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:	,	4		
а	Net unrealized gains on investments		2a		
b	Donated services and use of facilities		2b		
С	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIV.)		2d		
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIV.)	· · pow	4b		
	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin				
	KIII Reconciliation of Expenses per Audited Financial Stater				
1					
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			• • • • • • • • • • • • • • • • • • •	······
2			2-		
a	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part Xiv.)		2d		
e	Add lines 2a through 2d			<u>2e</u>	
3	Subtract line 2e from line 1	• • • • •			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		<u>4a</u>		
b	Other (Describe in Part XIV.)		<u>4b</u>		
с				<u>4c</u>	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18.) .	* * * * * * * * * * *	5	
Part >	KIV Supplemental Information				
Part V,	ete this part to provide the descriptions required for Part II, lines 3, 5, at line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part X ditional information.				
	s ne an				
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				Schedule D (Form	990) 2010
				•	• • • •

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Part XIV Supplemental Information (continued)

### SCHEDULE M (Form 990)

## Noncash Contributions

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

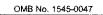
Department of the Treesury Internal Revenue Service

Inspection Employer identification number

Name of the organization DENVER BIKE SHARING

26-4028327

Par	t Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line tg	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art			¥	ļ~~~
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
•	goods				
6	Cars and other vehicles				
7	Boats and planes.				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock			······	
11	Securities - Partnership, LLC,				
••	or trust interests				
12	Securities - Miscellaneous				
13					
15	Qualified conservation				
	contribution - Historic				
	structures			······	
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►(ATCH_1)		2.	1,358,355.	
26	Other ►()				
27	Other ►()				
28	Other ▶()				
29	Number of Forms 8283 received	by the orga	nization during the tax yea	r for contributions for	
	which the organization completed F				29
					Yes No
30 a	During the year, did the organizati				
	it must hold for at least three year				
	used for exempt purposes for the er	ntire holding	period?		30a X
b	If "Yes," describe the arrangement in				
31	Does the organization have a contributions?				
32 a	Does the organization hire or use	third partie	es or related organizations	to solicit, process, or s	ell rioncash
	contributions?				
b	If "Yes," describe in Part II.				
33	If the organization did not report an	amount in d	column (c) for a type of pron	erty for which column (a)	is checked.
	describe in Part II.		(),	,	
For P	aperwork Reduction Act Notice, see the I	nstructions fo	or Form 990,		Schedule M (Form 990) (2010)



**Open To Public** 

2010

26-4028327

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OFFICE FURNITURE	Х	1.	31,295.	FAIR MARKET RETAIL
SEE FOOTNOTE 1	Х	1.	1,327,060.	BOOK VALUE
TOTALS		2	1,358,355.	

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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization DENVER BIKE SHARING

Employer identification number

26-4028327

GOVERNANCE, MANAGEMENT, AND DISCLOSURE PART VI SECTION B. POLICIES QUESTION 11A DENVER BIKE SHARING WILL DISTRIBUTE A COPY OF THE FORM 990 RETURN TO THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE PRIOR TO SUBMISSION. DENVER BIKE SHARING WILL DISSEMINATE A COPY OF THE FILED FORM 990 TO THE FULL BOARD AT THE NEXT FULL BOARD MEETING FOLLOWING THE FILING OF THE FORM 990 RETURN.

### GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI SECTION B. POLICIES OUESTION 11B

IT IS DENVER BIKE SHARING'S PROCEDURE TO HAVE THE FORM 990 REVIEWED BY THE BUSINESS MANAGER AND THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR WILL THEN SUBMIT THE FORM 990 TO THE FINANCE COMMITTEE FOR REVIEW. THE CHAIR OF THE FINANCE COMMITTEE WILL THEN SUBMIT THE FORM 990 TO THE EXECUTIVE COMMITTEE FOR REVIEW. AFTER APPROVAL, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

### GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI SECTION B. POLICIES QUESTION 12C

DENVER BIKE SHARING REQUIRES ALL MEMBERS OF THE BOARD OF DIRECTORS TO SIGN A CONFLICT OF INTEREST POLICY. THE POLICY IS SELF-ENFORCING. BOARD MEMBERS ARE EXPECTED TO REPORT CHANGES IN THEIR SITUATION WITH REGARDS TO CONFLICTS OF INTEREST. IN ADDITION, CONFLICTS ARE INFORMALLY MONITORED THROUGH REGULAR CONTACT, MONTHLY COMMITTEE MEETINGS, AND BI-MONTHLY BOARD OF DIRECTORS MEETINGS. TO DATE, THERE HAVE BEEN NO OCCASIONS REQUIRING ENFORCEMENT. DENVER BIKE SHARING WILL REQUIRE BOARD MEMBERS TO UPDATE AND RE-SUBMIT SIGNED CONFLICTS OF INTEREST FORMS DURING THE ANNUAL MEETING IN OCTOBER.

#### GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI SECTION B. POLICIES QUESTION 15A

DENVER BIKE SHARING IS A SECTION 501(C)(3) ORGANIZATION WITH SOME SKILLS AND POSITIONS THAT ARE NEEDED THAT ARE NOT NORMALLY FOUND IN NON-PROFITS. THEREFORE, DENVER BIKE SHARING LOOKS TO BOTH THE PRIVATE AND NON-PROFIT SECTOR FOR GUIDANCE WHEN ESTABLISHING SALARIES. THE INTERNET IS USED TO RESEARCH COMPARABLE POSITIONS IN THE PUBLIC SECTOR. DENVER BIKE SHARING EXAMINES A SALARY SURVEY OF COMPENSATION FOR COMPARABLE POSITIONS IN THE NON-PROFIT SECTOR IN COLORADO THAT IS PUBLISHED BY THE COLORADO ASSOCIATION OF NON-PROFITS. DURING THE BUDGET DEVELOPMENT AND APPROVAL PROCESS SALARIES ARE APPROVED BY THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVED ALL SALARIES PAID FOR DENVER BIKE SHARING FOUNDING STAFF. FOR STAFF HIRED AFTER THE FOUNDING OF DENVER BIKE SHARING THE OPEN POSITIONS ARE POSTED WITH A RANGE OF SALARIES. THE SALARY RANGE IS APPROVED BY THE BOARD OF DIRECTORS CHAIR AND THE FINANCE COMMITTEE CHAIR. FINAL PAY FOR NEW HIRE CANDIDATES IS BASED ON THE CANDIDATE'S EXPERIENCE.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE PART VI SECTION C DISCLOSURE QUESTION 19 DENVER BIKE SHARING DOES NOT MAKE GOVERNING DOCUMENTS, THE CONFLICTS OF

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Schedule O (Form 990 or 990-EZ) 2010	Page <b>2</b>
Name of the organization	Employer identification number
DENVER BIKE SHARING	26-4028327

INTEREST POLICY, AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

### GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI SECTION A GOVERNING BODY AND MANAGEMENT, QUESTION 8B DENVER BIKE SHARING HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FISCAL SPONSORSHIP AGREEMENT WITH THE DENVER FOUNDATION ON MARCH 16, 2009 DENVER BIKE SHARING EXECUTED A FISCAL SPONSORSHIP AGREEMENT WITH THE DENVER FOUNDATION, A RECOGNIZED IRC SECTION 501(C)(3) ORGANIZATION, LOCATED AT 55 MADISON ST # 800, DENVER, CO 80206-5423, WHEREBY THE DENVER FOUNDATION ASSUMED FULL OWNERSHIP AND OPERATION OF DENVER BIKE SHARING'S PROGRAM SERVICES PROJECT, AS DEFINED IN PART III. THE DENVER FOUNDATION WAS RESPONSIBLE FOR ALL PROGRAM OPERATIONS INCLUDING, BUT NOT LIMITED TO, THE EXECUTION OF CONTRACTS, THE PROCESSING OF REVENUE AND THE MANAGEMENT OF THE PROJECT'S ASSETS.

AFTER DENVER BIKE SHARING ESTABLISHED IRC SECTION 501(C)(3) STATUS, THE FISCAL SPONSORSHIP AGREEMENT BETWEEN DENVER BIKE SHARING AND THE DENVER FOUNDATION WAS TERMINATED. AS A RESULT OF THE TERMINATION, THE DENVER FOUNDATION TRANSFERRED ALL ASSETS AND LIABILITIES HELD AS PART OF THE OWNERSHIP AND OPERATION OF THE PROJECT OVER TO DENVER BIKE SHARING AS A CONTRIBUTION. THE CONTRIBUTION IS SHOWN ON PART VIII LINE 1H AS A CONTRIBUTION FROM THE DENVER FOUNDATION IN THE AMOUNT OF \$1,355,350. THIS AMOUNT IS COMPRISED OF \$28,290 IN CASH CONTRIBUTIONS ON PART VIII LINE 1F AND \$1,327,060 IN NONCASH CONTRIBUTIONS ON PART VIII LINE 1G. THE ORIGINAL CONTRIBUTIONS TO THE DENVER FOUNDATION, ON BEHALF OF DENVER BIKE

JSA

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Name of the organization	Employer identification number
DENVER BIKE SHARING	26-4028327

SHARING, ALONG WITH THE AMOUNTS CONTRIBUTED DURING 2009, WERE AS

FOLLOWS:

JSA

ANSCHUTZ FAMILY FOUNDATION - \$100,000 DENVER 2008 CONVENTION PLANNING COMMITTEE - \$1,000,000 GARY WILLIAMS COMPANY - \$500 GATES FAMILY FOUNDATION - \$68,000 WALTON FAMILY FOUNDATION - \$250,000 UNIVERSITY OF COLORADO HOSPITAL AUTHORITY - \$1,000

SCHEDULE OF CONTRIBUTORS

FORM 990, SCHEDULE B, PART I, LINE 1

THE CITY AND COUNTY OF DENVER, LOCATED AT 1437 BANNOCK STREET, SUITE 382, DENVER, CO 80202, PASSED THROUGH \$210,000 IN FEDERAL ECONOMIC STIMULUS FUNDS FROM THE DEPARTMENT OF ENERGY - THE ENERGY EFFICIENCY AND CONSERVATION BLOCK GRANT.

ATTACHMENT I

### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DENVER BIKE SHARING OFFERS BIKE SHARING TO DENVER RESIDENTS AND GUESTS IN ORDER TO PROMOTE HEALTH, QUALITY OF LIFE, AND PRESERVATION OF THE ENVIRONMENT. THE LONG-TERM GOAL OF DENVER BIKE SHARING IS TO OFFER A PUBLIC BIKE SHARING SYSTEM OF 1,500 BIKES AND 150 STATIONS TO DENVER RESIDENTS AND GUESTS. 2010 ACCOMPLISHMENTS FOR DENVER BIKE SHARING INCLUDE: 102,981 BICYCLE RÍDES TAKEN BY USERS, 32,922 SHORT-TERM MEMBERSHIPS, 1,784 MEMBERSHIPS, AND 211,111 MILES RIDDEN ON DENVER BIKE SHARING'S BIKES. BASED ON A SURVEY PERFORMED IN 2010 DENVER BIKE SHARING

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Name of the organization	Employer identification number	
DENVER BIKE SHARING	26-4028327	

ATTACHMENT 1 (CONT'D)

ALSO ACHIEVED THE FOLLOWING STATISTICS (ALL AMOUNTS ARE ESTIMATES): 43.16% OF DENVER BIKE SHARING'S USERS REPORTED REPLACING CAR TRIPS, 312,121 POUNDS OF CARBON EMISSIONS AND 9,613 POUNDS OF TOXIC AIR POLLUTANTS WERE AVOIDED THROUGH BICYCLE USAGE, 15,868 GALLONS OF GASOLINE WERE NOT USED DUE TO BICYCLE USAGE, AND DENVER BIKE SHARING USERS SAVED \$41,256 ON GASOLINE AND \$311,126 ON CAR PARKING.

			ATTACHMENT 2	
FORM 990, PART VIII - INVESTMENT INCOM	E			
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDEE REVENUE
INTEREST	1,48	8.		1,488.
TOTALS	1,48	8.		1,488.
FORM 990, PART X - DEFERRED REVENUE			ATTACHMENT 3	
DESCRIPTION			ENDING BOOK VALUE	
DEFERRED REVENUE			290,078.	
TOTALS			290,078.	
FORM 990, PART X - SECURED MORTGAGES A	ND NOTES PA		ATTACHMENT 4	
LENDER: NOTE PAYABLE- FIRST BANK ENDING BALANCE DUE			25,639.	

Schedule O (Form 990 or 990-EZ) 2010 Pag				
Name of the organization	Employer identification number			
DENVER BIKE SHARING	26-4028327			
	ATTACHMENT 4 (CONT'D)			
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	25,639.			