Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190

D Employer identification number: 77-0395986

E Telephone number: (805) 617-3255

G Gross receipts $ 1,019,738.

F Name and address of principal officer: DAVID DENNIS
Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.SBBIKE.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1995

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SANTA BARBARA BICYCLE COALITION IS TO PROMOTE WALKING, BICYCLING AND PUBLIC TRANSIT COUNTY-WIDE TO CREATE HEALTHY, SUSTAINABLE AND EQUITABLE COMMUNITIES.

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)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	80
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,087.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	10,087.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	385,312.	731,775.
	9	Program service revenue (Part VIII, line 2g)	1,235.	21,749.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	143.	78.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	238,823.	213,316.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	625,513.	966,918.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	391,718.	445,520.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,740.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 8,578.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	200,262.	250,406.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	598,720.	695,926.
	19	Revenue less expenses. Subtract line 18 from line 12	26,793.	270,992.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,641,161.	1,822,126.
	21	Total liabilities (Part X, line 26)	910,975.	820,948.
	22	Net assets or fund balances. Subtract line 21 from line 20	730,186.	1,001,178.

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 — Date 5/23/2022

► HEATHER DEUTSCH — Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Shannon Miller	Shannon Miller			P00586085

Firm's name ► Shannon Miller
Firm's address ► 3040 State Street Suite A
Santa Barbara, CA 93105

Firm's EIN ► 27-4975830
Phone no. (805) 636-5011

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE SANTA BARBARA BICYCLE COALITION IS TO PROMOTE WALKING, BICYCLING AND PUBLIC TRANSIT COUNTY-WIDE TO CREATE HEALTHY, SUSTAINABLE AND EQUITABLE COMMUNITIES.

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 [X] 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 [X] 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 $ 279,720. including grants of $) (Revenue $ 270,690.)

BICI CENTRO SHOPS ARE OUR COMMUNITY BICYCLE SHOPS. BICYCLES AND PARTS ARE DONATED, REFURBISHED AND SOLD TO THE PUBLIC AT REDUCED COSTS. THE PUBLIC CAN ALSO BRING THEIR BICYCLES FOR REDUCED-COST REPAIRS OR PARTICIPATE IN A DO-IT-YOURSELF PROGRAM WHERE THEY ARE MATCHED WITH A MECHANIC WHO PROVIDES GUIDANCE AND EDUCATION AS THEY REPAIR THEIR OWN BICYCLES.

4b (Code:) (Expenses $ 152,600. including grants of $) (Revenue $ 286,229.)

YOUTH EDUCATION - OUR EDUCATION PROGRAMS TEACH YOUTH (FOCUSED ON IN-SCHOOL AND AFTER-SCHOOL PROGRAMS) HOW TO RIDE FOR THE FIRST TIME, SAFE WALKING AND BICYCLING SKILLS, AND BASIC BICYCLE MECHANICS.

4c (Code:) (Expenses $ 38,639. including grants of $) (Revenue $ 10,067.)

OUR ADVOCACY AND OUTREACH PROGRAMS EDUCATE THE COMMUNITY ON SAFE WALKING AND BICYCLING FACILITIES AND HIGH-QUALITY TRANSIT NETWORKS AND ENCOURAGE THEM TO TAKE ACTION TO GET FACILITIES BUILT, PROGRAMS INSTITUTED, AND POLICIES UPDATED.

4d Other program services (Describe on Schedule O.) See Schedule O

(Expenses $ 4,963. including grants of $) (Revenue $ 11,100.)

4e Total program service expenses ► 475,922.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11 a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11 b		X
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*	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	X	
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*	11 f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	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 and XII is optional*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 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
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X

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	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** 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 non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		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		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** 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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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 22			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation on Schedule O*		3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b If 'Yes,' enter the name of the foreign country ►				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
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?		7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note: See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation on Schedule O.*		14b		
15 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? If 'Yes,' see the instructions and file Form 4720, Schedule N.		15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.		16		X
17 **Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator 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.		17		

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. [X]

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. 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.	1a 6			
b Enter the number of voting members included on line 1a, above, who are independent.	1b 6			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? See Sch O		4	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 Did the organization have members or stockholders?		6		X
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		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	X	
b Each committee with authority to act on behalf of the governing body?		8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses on Schedule O*		9		X

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		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe on Schedule O how this was done*	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official. See Schedule O	15a	X	
b Other officers or key employees of the organization. See Schedule O	15b	X	
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

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.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

JAMES STUDARUS 506 EAST HALEY STREET SANTA BARBARA CA 93103 (805) 845-8955

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) BLAKE STOK	5									
Director	0	X						0.	0.	0.
(2) JOANNA KAUFMAN	5									
Director	0	X						0.	0.	0.
(3) DAVID DENNIS	5									
President	0			X				0.	0.	0.
(4) NANCY MULHOLLAND	5									
Vice President	0			X				0.	0.	0.
(5) DAWN MITCHAM	5									
Treasurer	0			X				0.	0.	0.
(6) GREG JANEE	5									
Secretary	0			X				0.	0.	0.
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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 organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal ►								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								0.	0.	0.

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 ► 0

		Yes	No
3 Did the organization list any **former** 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	5,370.				
	c Fundraising events	1c					
	d Related organizations	1d	197,062.				
	e Government grants (contributions)	1e	437,299.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	92,044.				
	g Noncash contributions included in lines 1a-1f	1g					
	h **Total.** Add lines 1a-1f ►			731,775.			
Program Service Revenue		Business Code					
	2a BIKING EVENTS			12,567.	12,567.		
	b CLASS FEES			9,182.	9,182.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ►			21,749.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ►			78.			78.
	4 Income from investment of tax-exempt bond proceeds ►						
	5 Royalties ►						
		(i) Real	(ii) Personal				
	6a Gross rents	6a 25,041.					
	b Less: rental expenses	6b 13,954.					
	c Rental income or (loss)	6c 11,087.					
	d Net rental income or (loss) ►			11,087.		11,087.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss) ►						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events ►						
	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	241,095.				
	b Less: cost of goods sold	10b	38,866.				
	c Net income or (loss) from sales of inventory ►			202,229.			202,229.
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ►						
	12 **Total revenue.** See instructions ►			966,918.	21,749.	11,087.	202,307.

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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	395,192.	305,566.	88,241.	1,385.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,557.	4,941.	352.	264.
9 Other employee benefits	6,000.	4,950.	600.	450.
10 Payroll taxes	38,771.	29,829.	8,739.	203.
11 Fees for services (nonemployees):				
a Management				
b Legal	969.		969.	
c Accounting	38,350.		38,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	30,849.		30,849.	
12 Advertising and promotion				
13 Office expenses	724.	201.	523.	
14 Information technology	10,524.	7,683.	824.	2,017.
15 Royalties				
16 Occupancy	83,494.	55,425.	27,642.	427.
17 Travel	1,906.	1,906.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,325.	5,686.	3,639.	
23 Insurance	31,907.	26,323.	3,191.	2,393.
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 NONEMPLOYEE COMPENSATION	13,640.	13,640.		
b SUPPLIES	8,920.	8,323.	597.	
c SHOP EXPENSES	4,808.	4,808.		
d PAYROLL PROCESSING	4,749.	3,918.	475.	356.
e All other expenses	10,241.	2,723.	6,435.	1,083.
25 **Total functional expenses.** Add lines 1 through 24e	695,926.	475,922.	211,426.	8,578.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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	301,069.	1	475,017.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	67,400.	4	93,221.
	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	37,441.	8	45,735.
	9	Prepaid expenses and deferred charges	7,889.	9	2,711.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,295,215.			
	b	Less: accumulated depreciation — 10b: 91,224.	1,214,536.	10c	1,203,991.
	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	12,826.	15	1,451.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	1,641,161.	16	1,822,126.
Liabilities	17	Accounts payable and accrued expenses	42,202.	17	3,575.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	864,060.	23	749,638.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	4,713.	25	67,735.
	26	**Total liabilities.** Add lines 17 through 25	910,975.	26	820,948.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ► [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	677,876.	27	996,918.
	28	Net assets with donor restrictions	52,310.	28	4,260.
		Organizations that do not follow FASB ASC 958, check here ► [ ] 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	730,186.	32	1,001,178.
	33	Total liabilities and net assets/fund balances	1,641,161.	33	1,822,126.

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	966,918.
2	Total expenses (must equal Part IX, column (A), line 25)	2	695,926.
3	Revenue less expenses. Subtract line 2 from line 1	3	270,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	730,186.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,001,178.

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: ☐ Cash ☒ Accrual ☐ 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		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain 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 Single Audit Act and OMB Circular A-133?	3a		X
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		

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.

► Attach to Form 990 or Form 990-EZ.

► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) | 12 |

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | %

16a **33-1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test—2020.** 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 **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test—2021.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test—2020.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	625,025.	545,929.	510,931.	385,312.	731,775.	2,798,972.
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	217,356.	207,513.	313,698.	271,678.	262,844.	1,273,089.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 **Total.** Add lines 1 through 5	842,381.	753,442.	824,629.	656,990.	994,619.	4,072,061.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 **Public support.** (Subtract line 7c from line 6.)						4,072,061.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	842,381.	753,442.	824,629.	656,990.	994,619.	4,072,061.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119.	140.	242.	143.	78.	722.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		4,196.	1,811.	11,107.	11,087.	28,201.
c Add lines 10a and 10b	119.	4,336.	2,053.	11,250.	11,165.	28,923.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	842,500.	757,778.	826,682.	668,240.	1,005,784.	4,100,984.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.29 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	0.71 %
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	0.52 %

19a **33-1/3% support tests—2021.** 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 **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer lines 3b and 3c below.*	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)? *If 'Yes,' describe in **Part VI** when and how the organization made the determination.*	3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	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)? *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.*	4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c Substitutions only. 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? *If 'Yes,' provide detail in **Part VI.***	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? *If 'Yes,' complete Part I of Schedule L (Form 990).*	7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If 'Yes,' complete Part I of Schedule L (Form 990).*	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))? *If 'Yes,' provide detail in **Part VI.***	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? *If 'Yes,' provide detail in **Part VI.***	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? *If 'Yes,' provide detail in **Part VI.***	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)? *If 'Yes,' answer line 10b below.*	10a		
b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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* ***Part VI.***	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* ***Part VI*** *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* ***Part VI*** *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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

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* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

		Yes	No
2 Activities Test. ***Answer lines 2a and 2b below.***			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	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* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	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* ***Part VI.***	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* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-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* ***Part VI***)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	8	
9 Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
SANTA BARBARA BICYCLE COALITION	77-0395986

Organization type (check one):

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

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

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

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	YARDI SYSTEMS INC 430 SOUTH FAIRVIEW AVENUE SANTA BARBARA, CA 93117	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DAVID LANDECKER 1011 MISSION RIDGE ROAD SANTA BARBARA, CA 93103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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	Employer identification number
SANTA BARBARA BICYCLE COALITION	77-0395986

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of 'political campaign activities.'

2 Political campaign activity expenditures. See instructions ► $

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4 a Was a correction made? ☐ Yes ☐ No

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).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) 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)					

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

Schedule C (Form 990) 2021

TEEA3201L 11/03/21

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ► ☐ 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 Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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.	(a) Yes	(a) No	(b) Amount
See Part IV 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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,000.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i.			1,000.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 expenditure 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.

Part II-B - Description of Lobbying Activity

AMOUNT LISTED IN OTHER ACTIVITIES INCLUDES STAFF TIME COMMUNICATING TO GENERAL PUBLIC ON MATTERS OF LOBBYING.

THE SANTA BARBARA BICYCLE COALITION HAS ENGAGED IN MINIMAL LOBBYING ON LEGISLATIVE MATTERS IN 2021 OF LOCAL GOVERNMENTAL JURISDICTIONS IN SANTA BARBARA COUNTY. THIS IS

Part IV **Supplemental Information** *(continued)*

Part II-B - Description of Lobbying Activity (continued)

A SMALL FRACTION OF OUR ADVOCACY EFFORTS, WHICH ARE PREDOMINATELY NON-LOBBYING ADVOCACY INFORMATIONAL WORK. THE LIMITED LOBBYING WORK RELATED TO SPECIFIC BICYCLE PLANS OR PROJECTS AT POINTS THAT OUR ORGANIZATION WOULD ASK GENERALLY TO SUPPORT A PROJECT. THE VAST MAJORITY OF OUR ACTIVITIES ARE COMMUNITY SERVICES AND A SMALL PORTION ARE POLICY OR PROJECT RELATED. EVEN IN THE SMALL FRACTION OF OUR WORK ON GIVEN PROJECTS, THE VAST MAJORITY WAS INFORMATIONAL AND NOT DEFINABLE AS LOBBYING. AS SUCH, LOBBYING ENGAGEMENT DOES NOT CONSTITUTE A SUBSTANTIAL PART OF OUR OVERALL ACTIVITIES.

SCHEDULE D (Form 990)

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* for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 2(d) 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.

1 a 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
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

2 a 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 on 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
1 a 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%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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
1 a Land		1,001,000.		1,001,000.
b Buildings		230,000.	36,139.	193,861.
c Leasehold improvements		17,125.	11,672.	5,453.
d Equipment		40,355.	31,838.	8,517.
e Other		6,735.	11,575.	-4,840.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				1,203,991.

Part VII Investments – Other Securities. N/A

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)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII Investments – Program Related. N/A

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)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. N/A

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 15.)* ►	

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) CAL COAST	25,897.
(3) CYCLING WITHOUT AGE	11,994.
(4) DEFERRED REVENUE	25,000.
(5) SALES TAX PAYABLE	3,844.
(6) TENANT DEPOSITS	1,000.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	67,735.

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. N/A
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. N/A
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.

SCHEDULE O
(Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

Form 990, Part III, Line 4d - Other Program Services Description

ADULT CLASSES - OUR EDUCATION PROGRAMS TEACH ADULTS HOW TO RIDE FOR THE FIRST TIME, SAFE WALKING AND BICYCLING, AND BASIS BICYCLE MECHANICS.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

THE CORPORATION HAS FILED NEW BYLAWS WITH THE STATE OF CALIFORNIA IN ACCORDANCE WITH STATE LAW.

Form 990, Part VI, Line 11b - Form 990 Review Process

FORM 990 AND ALL RELATED SCHEDULES WERE PROVIDED FOR REVIEW TO THE BOARD BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

A COMPREHENSIVE SALARY REVIEW OF THE EXECUTIVE DIRECTOR WAS PERFORMED BY THE BOARD.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

A COMPREHENSIVE SALARY REVIEW OF THE ASSOCIATE DIRECTOR WAS PERFORMED BY THE BOARD.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

BYLAWS ARE PROVIDED ON ORGANIZATION'S WEBSITE.

Form **8868**

(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.: SANTA BARBARA BICYCLE COALITION

Taxpayer identification number (TIN): 77-0395986

Number, street, and room or suite number. If a P.O. box, see instructions.: PO BOX 92047

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: SANTA BARBARA, CA 93190

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► JAMES STUDARUS

Telephone No. ► (805) 845-8955 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 ..... ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 21 or

► ☐ tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 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	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

CLIENT 3203

SHANNON MILLER
3040 STATE STREET SUITE A
SANTA BARBARA, CA 93105
(805) 636-5011

July 29, 2022

SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2021 Federal Exempt Organization Business Income Tax Return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of $3,023, of which $3,023 has been applied to your 2022 estimated tax.

Your 2021 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your 2021 California Exempt Organization Business Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of $267 of which $250 has been applied to your 2022 estimated tax. Mail the California return on or before July 15, 2022 to:

FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0700

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of $100 payable by November 15, 2022. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2022 to:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

Your estimated tax schedule for 2022 is listed below:

Due Date		California
4/18/22	$	0
6/15/22		0
9/15/22		450
12/15/22		300

	$	750

Please be sure to call us if you have any questions.

Sincerely,

Shannon Miller

Shannon Miller
3040 State Street Suite A
Santa Barbara, CA 93105
(805) 636-5011

Client 3203
July 29, 2022

SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190
(805) 617-3255

FEDERAL FORMS

Form 990	2021 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Schedule C	Political Campaign and Lobbying Activities
Schedule D	Schedule D
Schedule O	Supplemental Information
Form 8868	Application for Extension
Form 990-T	2021 Exempt Organization Bus. Income Tax Return
Schedule A (990-T)	Schedule A (990-T)
Form 990-W (T)	Estimated Tax on Unrelated Business Income
Form 2220 (T)	Underpayment of Estimated Tax by Corporations
Form 8868 (T)	Application for Extension
	Depreciation Schedules
Form 8879-TE	IRS e-file Signature Authorization

CALIFORNIA FORMS

Form 199	2021 California Exempt Organization Return
Schedule B	Schedule of Contributors
Form 3885 (199)	Depreciation and Amortization - Corp.
Form 8453-EO	California e-file Return Authorization for Exempt
Form 109	2021 California Exempt Org. Bus. Inc. Tax Return
Form 100-ES	Estimated Tax - Corporations
Form 5806	Underpayment of Estimated Tax
Form RRF-1	2022 Registration/Renewal Fee Report
	California Depreciation Schedules

FEE SUMMARY

Preparation Fee	$ 1,800.00
Amount Due	$ 1,800.00

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53 AM

	2021	2020	Diff
REVENUE			
Contributions and grants	731,775	385,312	346,463
Program service revenue	21,749	1,235	20,514
Investment income	78	143	-65
Other revenue	213,316	238,823	-25,507
Total revenue	966,918	625,513	341,405
EXPENSES			
Salaries, other compen., emp. benefits	445,520	391,718	53,802
Professional fundraising expenses	0	6,740	-6,740
Other expenses	250,406	200,262	50,144
Total expenses	695,926	598,720	97,206
NET ASSETS OR FUND BALANCES			
Revenue less expenses	270,992	26,793	244,199
Total assets at end of year	1,822,126	1,641,161	180,965
Total liabilities at end of year	820,948	910,975	-90,027
Net assets/fund balances at end of year	1,001,178	730,186	270,992

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53 AM

	2021	2020	Diff
REVENUE			
Net unrelated debt-fin income (loss)	11,087	11,107	-20
Total revenue	11,087	11,107	-20
DEDUCTIONS			
Depreciation	1,220	1,220	0
Less depreciation claimed elsewhere	1,220	1,220	0
Total deductions	0	0	0
Unrelated business taxable income before	11,087	11,107	-20
Unrelated business taxable income	11,087	11,107	-20
TOTAL UNRELATED BUSINESS TAXABLE INCOME			
Total unrelated business taxable income	11,087	11,107	-20
Unrelated business taxable income before	11,087	11,107	-20
Unrelated business taxable income before	11,087	11,107	-20
Specific deduction	1,000	1,000	0
Unrelated business taxable income	10,087	10,107	-20
TAX COMPUTATION			
Income tax	2,118	2,122	-4
Total tax before credits and payments	2,118	2,122	-4
TAX AND PAYMENTS			
Total tax	2,118	2,122	-4
Overpayment credited from prior year	0	1,899	-1,899
Estimated tax payments	2,400	0	2,400
Tax deposited with extension	2,750	0	2,750
Total payments and credits	5,150	1,899	3,251
REFUND OR AMOUNT DUE			
Underpayment penalty	9	0	9
Late payment penalty	0	3	-3
Late interest	0	2	-2
Tax due	0	228	-228
Overpayment	3,023	0	3,023
Overpayment credited to next year	3,023	0	3,023
TAX RATES			
Effective tax rate	21.0%	21.0%	0.0%

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53 AM

	2021	2020	Diff
RECEIPTS AND REVENUES			
Gross sales or receipts	287,963	297,931	-9,968
Gross contributions, gifts, & grants	731,775	385,312	346,463
Total gross receipts	1,019,738	683,243	336,495
Total costs	38,866	42,727	-3,861
Total gross income	980,872	640,516	340,356
EXPENSES			
Total expenses	709,880	613,723	96,157
Excess receipts over expenses	270,992	26,793	244,199
FILING FEE			
Filing fee	0	0	0
Balance due	0	0	0

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53 AM

	2021	2020	Diff
UNRELATED BUSINESS TAXABLE INCOME			
Unrelated business taxable income	11,116	10,907	209
TAX COMPUTATION			
Net unrelated business taxable income	11,116	10,907	209
Tax	983	964	19
Less credits	0	0	0
Balance	983	964	19
Total tax	983	964	19
PAYMENTS			
Overpayment credited from prior year	0	1,954	-1,954
Amount paid with extension	1,250	0	1,250
Total payments	1,250	1,954	-704
REFUND OR AMOUNT DUE			
Overpayment	267	990	-723
Overpayment credited to next year	250	990	-740
Penalties and interest	17	0	17
Total amount due	0	0	0

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

Forms needed for this return

Federal: 990, Sch A, Sch B, Sch C, Sch D, Sch O, 8868, 990-T, 990-W, 2220 Elections
California: 199, Sch B, 3885, 8453-EO, e-file Instructions, 109, 100-ES, 5806 RRF-1

Tax Rates

Unrelated Business	Marginal	Effective
Federal	0. %	21.0 %
California	8.8 %	8.8 %

Underpayment Penalty

Federal Unrelated Business	9.
California Unrelated Business	17.

Carryovers to 2022

None

Federal Estimates

Form 990-T

	Estimate	Overpayment	Balance
4/18/22	0.	0.	0.
6/15/22	0.	0.	0.
9/15/22	2,267.	2,267.	0.
12/15/22	756.	756.	0.
Total	3,023.	3,023.	0.

California Estimates

	Estimate	Overpayment	Balance
4/18/22	0.	0.	0.
6/15/22	0.	0.	0.
9/15/22	700.	250.	450.
12/15/22	300.	0.	300.
Total	1,000.	250.	750.

Rental Income Worksheet
Form 990

COMMERCIAL REAL ESTATE RENTAL

Gross Rental Income	$	25,041.
Expenses		
Cleaning and Maintenance		701.
Depreciation		1,220.
Interest		5,378.
Taxes		4,997.
Utilities		1,467.
SUPPLIES		191.
Total Expenses	$	13,954.
Net Rental Income or Loss	$	11,087.

Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year	37,441.
2. Purchases	47,160.
3. Cost of labor	0.
4. Additional 263A costs	0.
5. Other costs	0.
6. Total (Add lines 1 through 5)	84,601.
7. Inventory at end of year	45,735.
8. Cost of goods sold (Subtract line 7 from line 6)	38,866.

Form 990, Part III, Line 4e
Program Services Totals

	Program Services Total	Form 990	Source
Total Expenses	475,922.	475,922.	Part IX, Line 25, Col. B
Grants	0.	0.	Part IX, Lines 1-3, Col. B
Revenue	578,086.	21,749.	Part VIII, Line 2, Col. A

Form 990, Part IX, Line 11g
Other Fees For Services

	(A) Total	(B) Program Services	(C) Management & General	(D) Fund-raising
CONSULTING	30,849.		30,849.	
Total	$ 30,849.	$ 0.	$ 30,849.	$ 0.

Form 990, Part IX, Line 24e
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
BANKING FEES	63.		63.	
FEDERAL UBIT	2,628.		2,628.	
IMPROVEMENTS	489.	489.		
LICENSES AND DUES	1,221.	277.	944.	
PAYMENT PROCESSING	1,406.	10.	313.	1,083.
Postage and Shipping	605.	483.	122.	
Printing and Publications	1,657.		1,657.	
PROFESSIONAL DEVELOPMENT	799.	91.	708.	
VEHICLE EXPENSE	1,373.	1,373.		
Total	$ 10,241.	$ 2,723.	$ 6,435.	$ 1,083.

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Form 990/990-PF										
Auto / Transport Equipment										
2	TRUCK	6/01/12		2,000			2,000	200DB HY	5	0
13	YOUTH TRANSPORT VEHICLE	2/15/17		15,458			12,788	200DB HY	5	1,070
	Total Auto / Transport Equipment			17,458		0	14,788			1,070
Buildings										
3	SBBC OFFICE - BUILDING	7/18/14		100,050			13,359	S/L MM	39	2,565
5	BICI SHOP - BUILDING	7/18/14		87,400			11,201	S/L MM	39	2,241
	Total Buildings			187,450		0	24,560			4,806
Furniture and Fixtures										
1	FURNITURE AND FIXTURES	1/01/11		6,735			6,735	200DB HY	7	0
	Total Furniture and Fixtures			6,735		0	6,735			0
Improvements										
9	BUILDING IMPROVEMENTS	11/01/15		8,544			7,806	S/L MQ	15	570
14	GATE AT HALEY STREET	5/01/18		1,854			494	S/L	10	185
15	ASPHALT AT HALEY	10/01/19		4,788			399	S/L	15	319
	Total Improvements			15,186		0	8,699			1,074
Land										
4	SBBC OFFICE - LAND	7/18/14		435,435						0
6	BICI SHOP - LAND	7/18/14		380,380						0
	Total Land			815,815		0	0			0
Machinery and Equipment										
16	MEDIA EQUIP - SANTA MARIA	1/01/19		2,807			1,122	S/L HY	5	561
17	TRAILER EDUCATION PROGRAM	7/01/19		9,072			2,721	S/L HY	5	1,814
	Total Machinery and Equipment			11,879		0	3,843			2,375
	Total Depreciation			1,054,523		0	58,625			9,325

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Rental Activity - COMMERCIAL REAL ESTATE RENTAL										
Buildings										
7	RENTAL - BUILDING	7/18/14		42,550			5,682	S/L MM	39	1,091
	Total Buildings			42,550		0	5,682			1,091
Improvements										
12	RENTAL IMPROVEMENTS	11/01/15		1,939			1,770	S/L HY	15	129
	Total Improvements			1,939		0	1,770			129
Land										
8	RENTAL - LAND	7/18/14		185,185						0
	Total Land			185,185		0	0			0
	Total Depreciation			229,674		0	7,452			1,220
	Grand Total Depreciation			1,284,197		0	66,077			10,545

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Rental Activity - COMMERCIAL REAL ESTATE RENTAL										
Buildings										
7	RENTAL - BUILDING	7/18/14		42,550			5,682	S/L MM	39	1,091
	Total Buildings			42,550		0	5,682			1,091
Improvements										
12	RENTAL IMPROVEMENTS	11/01/15		1,939			1,770	S/L HY	15	129
	Total Improvements			1,939		0	1,770			129
Land										
8	RENTAL - LAND	7/18/14		185,185						0
	Total Land			185,185		0	0			0
	Total Depreciation			229,674		0	7,452			1,220
	Grand Total Depreciation			229,674		0	7,452			1,220

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Auto / Transport Equipment																
2	TRUCK	6/01/12		2,000							2,000	2,000	200DB HY	5		0
13	YOUTH TRANSPORT VEHICLE	2/15/17		15,458							15,458	12,788	200DB HY	5	.11520	1,070
	Total Auto / Transport Equipment			17,458		0	0	0	0	0	17,458	14,788				1,070
Buildings																
3	SBBC OFFICE - BUILDING	7/18/14		100,050							100,050	13,359	S/L MM	39	.02564	2,565
5	BICI SHOP - BUILDING	7/18/14		87,400							87,400	11,201	S/L MM	39	.02564	2,241
	Total Buildings			187,450		0	0	0	0	0	187,450	24,560				4,806
Furniture and Fixtures																
1	FURNITURE AND FIXTURES	1/01/11		6,735							6,735	6,735	200DB HY	7		0
	Total Furniture and Fixtures			6,735		0	0	0	0	0	6,735	6,735				0
Improvements																
9	BUILDING IMPROVEMENTS	11/01/15		8,544							8,544	7,806	S/L MQ	15	.06670	570
14	GATE AT HALEY STREET	5/01/18		1,854							1,854	494	S/L	10		185
15	ASPHALT AT HALEY	10/01/19		4,788							4,788	399	S/L	15		319
	Total Improvements			15,186		0	0	0	0	0	15,186	8,699				1,074

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
	Land															
4	SBBC OFFICE - LAND	7/18/14		435,435							435,435					0
6	BICI SHOP - LAND	7/18/14		380,380							380,380					0
	Total Land			815,815		0	0	0	0	0	815,815	0				0
	Machinery and Equipment															
16	MEDIA EQUIP - SANTA MARIA	1/01/19		2,807							2,807	1,122	S/L HY	5	.20000	561
17	TRAILER EDUCATION PROGRAM	7/01/19		9,072							9,072	2,721	S/L HY	5	.20000	1,814
	Total Machinery and Equipment			11,879		0	0	0	0	0	11,879	3,843				2,375
	Total Depreciation			1,054,523		0	0	0	0	0	1,054,523	58,625				9,325
	Rental Activity - COMMERCIAL REAL ESTATE RENTAL															
	Buildings															
7	RENTAL - BUILDING	7/18/14		42,550							42,550	5,682	S/L MM	39	.02564	1,091
	Total Buildings			42,550		0	0	0	0	0	42,550	5,682				1,091
	Improvements															
12	RENTAL IMPROVEMENTS	11/01/15		1,939							1,939	1,770	S/L HY	15	.06670	129
	Total Improvements			1,939		0	0	0	0	0	1,939	1,770				129

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Land																
8	RENTAL - LAND	7/18/14		185,185							185,185					0
	Total Land			185,185		0	0	0	0	0	185,185	0				0
	Total Depreciation			229,674		0	0	0	0	0	229,674	7,452				1,220
	Grand Total Depreciation			1,284,197		0	0	0	0	0	1,284,197	66,077				10,545

Client 3203 SANTA BARBARA BICYCLE COALITION 77-0395986

7/29/22 10:53AM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Rental Activity - COMMERCIAL REAL ESTATE RENTAL																
Buildings																
7	RENTAL - BUILDING	7/18/14		42,550							42,550	5,682	S/L MM	39	.02564	1,091
	Total Buildings			42,550		0	0	0	0	0	42,550	5,682				1,091
Improvements																
12	RENTAL IMPROVEMENTS	11/01/15		1,939							1,939	1,770	S/L HY	15	.06670	129
	Total Improvements			1,939		0	0	0	0	0	1,939	1,770				129
Land																
8	RENTAL - LAND	7/18/14		185,185							185,185					0
	Total Land			185,185		0	0	0	0	0	185,185	0				0
	Total Depreciation			229,674		0	0	0	0	0	229,674	7,452				1,220
	Grand Total Depreciation			229,674		0	0	0	0	0	229,674	7,452				1,220

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Name of filer: SANTA BARBARA BICYCLE COALITION

EIN or SSN: 77-0395986

Name and title of officer or person subject to tax: HEATHER DEUTSCH Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 966,918.
2a Form 990-EZ check here ►	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a Form 1120-POL check here ►	[ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**
4a Form 990-PF check here ►	[ ]	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a Form 8868 check here ►	[ ]	**b Balance due** (Form 8868, line 3c)	**5b**
6a Form 990-T check here ►	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	**6b**
7a Form 4720 check here ►	[ ]	**b Total tax** (Form 4720, Part III, line 1)	**7b**
8a Form 5227 check here ►	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a Form 5330 check here ►	[ ]	**b Tax due** (Form 5330, Part II, line 19)	**9b**
10a Form 8038-CP check here ►	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize Shannon Miller (**ERO firm name**) to enter my PIN 03203 (**Enter five numbers, but do not enter all zeros**) as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► H Deutsch Date ► 8/24/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 96460511111 (**Do not enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► Shannon Miller Date ► _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Privacy and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

► **Do not send to the IRS. Keep for your records.**
► **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Name of filer: SANTA BARBARA BICYCLE COALITION

EIN or SSN: 77-0395986

Name and title of officer or person subject to tax: HEATHER DEUTSCH Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ►	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here ►	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ►	☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ►	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a Form 8868 check here ►	☐	**b Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here ►	☒	**b Total tax** (Form 990-T, Part III, line 4)	**6b**	2,118.
7a Form 4720 check here ►	☐	**b Total tax** (Form 4720, Part III, line 1)	**7b**	
8a Form 5227 check here ►	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	**8b**	
9a Form 5330 check here ►	☐	**b Tax due** (Form 5330, Part II, line 19)	**9b**	
10a Form 8038-CP check here ►	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize Shannon Miller (ERO firm name) to enter my PIN 03203 (Enter five numbers, but do not enter all zeros) as my signature

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ► H Deutsch Date ► 8/24/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 96460511111 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► Shannon Miller Date ► _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Privacy and Paperwork Reduction Act Notice, see instructions.

SANTA BARBARA BICYCLE COALITION 77-0395986

For Form 990-T Purposes

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

► Go to *www.irs.gov/Form990W* for instructions and the latest information.

► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income expected in the tax year		1	10,087.
2	**Tax on the amount on line 1.** See instructions for tax computation		2	2,118.
3	Alternative minimum tax for trusts. See instructions		3	
4	Total. Add lines 2 and 3		4	2,118.
5	Estimated tax credits. See instructions		5	
6	Subtract line 5 from line 4		6	2,118.
7	Other taxes. See instructions		7	
8	Total. Add lines 6 and 7		8	2,118.
9	Credit for federal tax paid on fuels. See instructions		9	
10a	Subtract line 9 from line 8. **Note:** If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a 2,118.		
b	Enter the tax shown on the 2021 return. See instructions. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b		
c	**2022 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c		10c	3,023.

		(a)	(b)	(c)	(d)
11 **Installment due dates.** See instructions	11	4/18/22	6/15/22	9/15/22	12/15/22
12 **Required installments.** Enter 25% of line 10c in columns **(a)** through **(d)**. But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	0.	0.	2,267.	756.
13 **2021 Overpayment.** See instructions	13	0.	0.	2,267.	756.
14 **Payment due** (Subtract line 13 from line 12)	14	0.	0.	0.	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

TEEA0601L 01/02/22

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning _____, 2021, and ending _____, _____

► Go to *www.irs.gov/Form990T* for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

C Book value of all assets at end of year ► 1,822,126.

Print or Type

☐ Check box if name changed and see instructions.)

SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190

D Employer identification number: 77-0395986

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Check if filing only to ► ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► ☐

J Enter the number of attached Schedules A (Form 990-T) ► 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation ►

L The books are in care of ► JAMES STUDARUS 506 EAST HALEY STREET SANTA BARBARA Telephone number ► (805) 845-8955

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	11,087.
2	Reserved	2	
3	Add lines 1 and 2	3	11,087.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	11,087.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	11,087.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	10,087.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21) ►	1	2,118.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ►	2	
3	**Proxy tax.** See instructions ►	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,118.

BAA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	**Total credits.** Add lines 1a through 1d		1e	0.
2	Subtract line 1e from Part II, line 7		2	2,118.
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)		3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here ►		4	2,118.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies ► ☐	6b	2,400.	
c	Tax deposited with Form 8868	6c	2,750.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ►	6g		
7	**Total payments.** Add lines 6a through 6g		7	5,150.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☒		8	9.
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ►		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ►		10	3,023.
11	Enter the amount of line 10 you want: **Credited to 2022 estimated tax** ► 3,023. **Refunded** ►		11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here ►		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?. If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► $ 0.		
4	Enter available pre-2018 NOL carryovers here ► $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part1, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is 'Yes', has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If 'No', explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

► Heather Deutsch 8/23/2022 ► Executive Director

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
Shannon Miller	Shannon Miller			P00586085

Firm's name ► Shannon Miller — Firm's EIN ► 27-4975830

Firm's address ► 3040 State Street Suite A, Santa Barbara, CA 93105 — Phone no. (805) 636-5011

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to *www.irs.gov/Form990T* for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: SANTA BARBARA BICYCLE COALITION

B Employer identification number: 77-0395986

C Unrelated business activity code (see instructions) ► 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business ► COMMERCIAL REAL ESTATE RENTAL

Part I	**Unrelated Trade or Business Income**		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	25,041.	13,954.	11,087.
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	25,041.	13,954.	11,087.

Part II	**Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income				
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	11,087.
17	Deduction for net operating loss. See instructions			17	
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	11,087.

BAA **For Paperwork Reduction Act Notice, see instructions.**

Part III Cost of Goods Sold

Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A). ►

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 508 EAST HALEY STREET, SANTA BARBARA, CA 93103
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property	25,041.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	1,220.			
b Other deductions (attach statement) Stm 2	12,734.			
c Total deductions (add lines 3a and 3b, columns A through D)	13,954.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	100.0000 %	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	25,041.			

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ► 25,041.

9 Allocable deductions. Multiply line 3c by line 6	13,954.			

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► 13,954.

11 **Total dividends-received deductions** included in line 10 ►

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ►			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 **Total deductions and set-asides** (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals ►	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:		
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5 Gross income from activity that is not unrelated business income	5	
6 Expenses attributable to income entered on line 5	6	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A) ►				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B) ►				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ► _____

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on Part II, line 1 ►			

Part XI Supplemental Information (see instructions)

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

► Go to *www.irs.gov/Form2220* for instructions and the latest information.

OMB No. 1545-0123

2021

Name	Employer identification number
SANTA BARBARA BICYCLE COALITION	77-0395986

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1	Total tax (see instructions)		1	2,118.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c	Credit for federal tax paid on fuels (see instructions)	2c		
d	**Total.** Add lines 2a through 2c		2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty		3	2,118.
4	Enter the tax shown on the corporation's 2020 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	2,122.
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	2,118.

Part II Reasons for Filing – Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.

7 ☐ The corporation is using the annualized income installment method.

8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (***Form 990-PF filers***: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	4/15/21	6/15/21	9/15/21	12/15/21
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	529.	529.	530.	530.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			1,800.	
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				212.
13	Add lines 11 and 12	13			1,800.	212.
14	Add amounts on lines 16 and 17 of the preceding column	14		529.	1,058.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	742.	212.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		529.	0.	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	529.	529.		318.
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			212.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 – no penalty is owed.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (***C corporations with tax years ending June 30 and S corporations:*** Use 3rd month instead of 4th month. ***Form 990-PF and Form 990-T filers:*** Use 5th month instead of 4th month.) See instructions	19	8/27/21	8/27/21		12/16/21
20 Number of days from due date of installment on line 9 to the date shown on line 19	20	134	73		1
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21	76	15		
22 Underpayment on line 17 x Number of days on line 21 / 365 x 3% (0.03)	22	3.30	0.65		
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23	58	58		
24 Underpayment on line 17 x Number of days on line 23 / 365 x 3% (0.03)	24	2.52	2.52		
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				1
26 Underpayment on line 17 x Number of days on line 25 / 365 x 3% (0.03)	26				0.03
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27				
28 Underpayment on line 17 x Number of days on line 27 / 365 x 3% (0.03)	28				
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30 Underpayment on line 17 x Number of days on line 29 / 365 x ____*%	30				
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32 Underpayment on line 17 x Number of days on line 31 / 365 x ____*%	32				
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34 Underpayment on line 17 x Number of days on line 33 / 365 x ____*%	34				
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36 Underpayment on line 17 x Number of days on line 35 / 365 x ____*%	36				
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	5.82	3.17		0.03

38 **Penalty.** Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns ..... 38 9.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at ***www.irs.gov***. You can also call 1-800-829-4933 to get interest rate information.

Form **8868**
(Rev. January 2022)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-0047

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.: SANTA BARBARA BICYCLE COALITION

Taxpayer identification number (TIN): 77-0395986

Number, street, and room or suite number. If a P.O. box, see instructions.: PO BOX 92047

City, town or post office, state, and ZIP code. For a foreign address, see instructions.: SANTA BARBARA, CA 93190

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► JAMES STUDARUS

Telephone No. ► (805) 845-8955 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 ..... ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 20 21 or
► ☐ tax year beginning _____, 20 ___, and ending _____, 20 ___.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 2,200.
b If this application is for Forms 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	**3b**	$ 5,150.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Statement 2
Schedule A, Part V, Line 3b
Other Deductions Allocable to Debt-Financed Property

COMMERCIAL REAL ESTATE RENTAL

Cleaning and Maintenance	$	701.
Interest		5,378.
Taxes		4,997.
Utilities		1,467.
SUPPLIES		191.
Total	$	12,734.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The Organization hereby makes the de minimis safe harbor election under Regulation 1.263(a)-1(f).

SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190
77-0395986

Section 1.263(a)-3(n) Election

The Organization hereby makes the election to capitalize repair and maintenance costs under Regulation 1.263(a)-3(n).

Description of Eligible Property:

SANTA BARBARA BICYCLE COALITION
PO BOX 92047
SANTA BARBARA, CA 93190
77-0395986

TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name	California corporation number
SANTA BARBARA BICYCLE COALITION	1940193
Additional information. See instructions.	FEIN 77-0395986
Street address (suite or room): PO BOX 92047	PMB no.
City: SANTA BARBARA; State: CA	Zip code: 93190
Foreign country name; Foreign province/state/county	Foreign postal code

A First return ..... ☐ Yes ☒ No

B Amended return ..... ● ☐ Yes ☒ No

C IRC Section 4947(a)(1) trust ..... ☐ Yes ☒ No

D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● _____

E Check accounting method:
1 ☐ Cash 2 ☒ Accrual 3 ☐ Other

F Federal return filed? 1 ● ☒ 990T 2 ● ☐ 990-PF 3 ● ☐ Sch H (990)
4 ☐ Other 990 series

G Is this a group filing? See instructions ..... ● ☐ Yes ☒ No

H Is this organization in a group exemption ..... ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions ..... ● ☐ Yes ☒ No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions ..... ● ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ... ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources ..... $ _____

L Is the organization a limited liability company? ..... ● ☐ Yes ☒ No

M Did the organization file Form 100 or Form 109 to report taxable income? ..... ● ☒ Yes ☐ No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? ..... ● ☐ Yes ☒ No

O Is federal Form 1023/1024 pending? ..... ☐ Yes ☐ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 ..... ●		1	287,963.
	2	Gross dues and assessments from members and affiliates ..... ●		2	
	3	Gross contributions, gifts, grants, and similar amounts received ..... SEE SCH. B ●		3	731,775.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B .. ●		4	1,019,738.
	5	Cost of goods sold ..... ●	5 38,866.		
	6	Cost or other basis, and sales expenses of assets sold ..... ●	6		
	7	Total costs. Add line 5 and line 6		7	38,866.
	8	Total gross income. Subtract line 7 from line 4 ..... ●		8	980,872.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ..... ●		9	709,880.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ..... ●		10	270,992.
Filing Fee	11	Total payments ..... ●		11	
	12	Use tax. See General Information K ..... ●		12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 ..... ●		13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 ..... ●		14	
	15	Penalties and interest. See General Information J		15	
	16	**Balance due.** Add line 12 and line 15. Then subtract line 11 from the result ..... ◉		16	0.

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ► Heather Deutsch | Title: EXECUTIVE DIRECTOR | Date: 8/23/2022 | ● Telephone: (805) 617-3255

Paid Preparer's Use Only

Preparer's signature ► SHANNON MILLER | Date: | Check if self-employed ► ☒ | ● PTIN: P00586085

Firm's name (or yours, if self-employed) and address ► SHANNON MILLER, 3040 STATE STREET SUITE A, SANTA BARBARA, CA 93105 | ● Firm's FEIN: 27-4975830 | ● Telephone: (805) 636-5011

May the FTB discuss this return with the preparer shown above? See instructions ..... ● ☒ Yes ☐ No

SANTA BARBARA BICYCLE COALITION 77-0395986

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	241,095.
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	25,041.
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	
	7	Other income. Attach schedule SEE STATEMENT 1	7	21,827.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	287,963.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	11	0.
	12	Other salaries and wages	12	395,192.
	13	Interest	13	
	14	Taxes	14	38,771.
	15	Rents	15	83,494.
	16	Depreciation and depletion (See instructions)	16	10,545.
	17	Other expenses and disbursements. Attach schedule SEE STATEMENT 3	17	181,878.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	709,880.

Schedule L **Balance Sheet**

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		301,069.		475,017.
2 Net accounts receivable		67,400.		93,221.
3 Net notes receivable				
4 Inventories		37,441.		45,735.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10a Depreciable assets	294,215.		294,215.	
b Less accumulated depreciation	80,679.	213,536.	91,224.	202,991.
11 Land		1,001,000.		1,001,000.
12 Other assets. Attach schedule STM 4		20,715.		4,162.
13 Total assets		1,641,161.		1,822,126.
Liabilities and net worth				
14 Accounts payable		42,202.		3,575.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		864,060.		749,638.
18 Other liabilities. Attach schedule STM 5		4,713.		67,735.
19 Capital stock or principal fund		730,186.		1,001,178.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		1,641,161.		1,822,126.

Schedule M-1 **Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1	Net income per books	270,992.	7	Income recorded on books this year not included in this return. Attach schedule	
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule	
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8	
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6	270,992.
5	Expenses recorded on books this year not deducted in this return. Attach schedule				
6	Total. Add line 1 through line 5	270,992.			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

California Copy
Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization	Employer identification number
SANTA BARBARA BICYCLE COALITION	77-0395986

Organization type (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

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	YARDI SYSTEMS INC 430 SOUTH FAIRVIEW AVENUE SANTA BARBARA, CA 93117	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	SANTA BARBARA FOUNDATION 1111 CHAPALA STREET SUITE 200 SANTA BARBARA, CA 93101	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DAVID LANDECKER 1011 MISSION RIDGE ROAD SANTA BARBARA, CA 93103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: SANTA BARBARA BICYCLE COALITION

Employer identification number: 77-0395986

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ► $ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

TAXABLE YEAR

2021

Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
SANTA BARBARA BICYCLE COALITION	1940193

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7		
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8		9	
10	Carryover of disallowed deduction from prior taxable years		10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13		

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
FURNITURE AND F	1/01/2011	6,735.	6,735.	200DB	7		
TRUCK	6/01/2012	2,000.	2,000.	200DB	5		
SBBC OFFICE - B	7/18/2014	100,050.	13,359.	S/L	39	2,565.	
SBBC OFFICE - L	7/18/2014	435,435.			0		
BICI SHOP - BUI	7/18/2014	87,400.	11,201.	S/L	39	2,241.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	9,325.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2021 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
SANTA BARBARA BICYCLE COALITION	1940193

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
BICI SHOP - LAN	7/18/2014	380,380.			0		
BUILDING IMPROV	11/01/2015	8,544.	7,806.	S/L	15	570.	
YOUTH TRANSPORT	2/15/2017	15,458.	12,788.	200DB	5	1,070.	
GATE AT HALEY S	5/01/2018	1,854.	494.	S/L	10	185.	
ASPHALT AT HALE	10/01/2019	4,788.	399.	S/L	15	319.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR

2021 Corporation Depreciation and Amortization

CALIFORNIA FORM

3885

Attach to Form 100 or Form 100W. FORM 199

Corporation name	California corporation number
SANTA BARBARA BICYCLE COALITION	1940193

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
MEDIA EQUIP - S	1/01/2019	2,807.	1,122.	S/L	5	561.	
TRAILER EDUCATI	7/01/2019	9,072.	2,721.	S/L	5	1,814.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

TAXABLE YEAR **2021**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. RENTAL ACTIVITY

Corporation name: SANTA BARBARA BICYCLE COALITION

California corporation number: 1940193

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

14 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
RENTAL - BUILDI	7/18/2014	42,550.	5,682.	S/L	39	1,091.	
RENTAL - LAND	7/18/2014	185,185.			0		
RENTAL IMPROVEM	11/01/2015	1,939.	1,770.	S/L	15	129.	

15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)	15	1,220.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

19 (a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instr)	(f) Period or percentage	(g) Amortization for this year

20	Total. Add the amounts in column (g)	20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

Statement 1
Form 199, Part II, Line 7
Other Income

Other Investment Income	$ 78.
Program Service Revenue	21,749.
Total	$ 21,827.

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
DAVID DENNIS PO BOX 92047 SANTA BARBARA, CA 93190	President 5.00	$ 0.	$ 0.	$ 0.
NANCY MULHOLLAND PO BOX 92047 SANTA BARBARA, CA 93190	Vice President 5.00	0.	0.	0.
DAWN MITCHAM PO BOX 92047 SANTA BARBARA, CA 93190	Treasurer 5.00	0.	0.	0.
BLAKE STOK PO BOX 92047 SANTA BARBARA, CA 93190	Director 5.00	0.	0.	0.
GREG JANEE PO BOX 92047 SANTA BARBARA, CA 93190	Secretary 5.00	0.	0.	0.
JOANNA KAUFMAN PO BOX 92047 SANTA BARBARA, CA 93190	Director 5.00	0.	0.	0.
	Total	$ 0.	$ 0.	$ 0.

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees	$ 38,350.
BANKING FEES	63.
FEDERAL UBIT	2,628.
IMPROVEMENTS	489.
Information Technology	10,524.
Insurance	31,907.
Legal Fees	969.
LICENSES AND DUES	1,221.

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

NONEMPLOYEE COMPENSATION	$ 13,640.
Office Expenses	724.
Other Employee Benefit	6,000.
Other fees	30,849.
PAYMENT PROCESSING	1,406.
PAYROLL PROCESSING	4,749.
Pension Plan Contributions	5,557.
Postage and Shipping	605.
Printing and Publications	1,657.
PROFESSIONAL DEVELOPMENT	799.
Rental Expenses	12,734.
SHOP EXPENSES	4,808.
SUPPLIES	8,920.
Travel	1,906.
VEHICLE EXPENSE	1,373.
Total	$ 181,878.

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges	2,711.
SECURITY DEPOSITS	1,451.
Total	$ 4,162.

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

CAL COAST	25,897.
CYCLING WITHOUT AGE	11,994.
DEFERRED REVENUE	25,000.
SALES TAX PAYABLE	3,844.
TENANT DEPOSITS	1,000.
Total	$ 67,735.

059

Date Accepted _____ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2021**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name: SANTA BARBARA BICYCLE COALITION

Identifying number: 77-0395986

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	1,019,738.
2	Total gross income (Form 199, line 8)	2	980,872.
3	Total expenses and disbursements (Form 199, line 9)	3	709,880.

Part II Settle Your Account Electronically for Taxable Year 2021

4 ☐ Electronic funds withdrawal **4a** Amount _____ **4b** Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____

6 Account number _____ 7 Type of account: ☐ Checking ☐ Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here ▶ [signature] Signature of officer | 8/29/2022 ▶ Date | EXECUTIVE DIRECTOR Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ SHANNON MILLER | Date | Check if also paid preparer [X] | Check if self-employed [X] | ERO's PTIN P00586085

Firm's name (or yours if self-employed) and address ▶ SHANNON MILLER, 3040 STATE STREET SUITE A, SANTA BARBARA CA | Firm's FEIN 27-4975830 | ZIP code 93105

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

Form at bottom of page.

Installment 1 – File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 1

TAXABLE YEAR **2022** **Corporation Estimated Tax** CALIFORNIA FORM **100-ES**

1940193 SANT 77-0395986 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
SANTA BARBARA BICYCLE COALITION
JAMES STUDARUS
PO BOX 92047
SANTA BARBARA CA 93190 (805) 617-3255

EST TAX AMT QSUB TAX AMT
TOTAL PAYMENT AMT

Form at bottom of page.

Installment 2 – File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 2

TAXABLE YEAR **2022** **Corporation Estimated Tax** CALIFORNIA FORM **100-ES**

1940193 SANT 77-0395986 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
SANTA BARBARA BICYCLE COALITION
JAMES STUDARUS
PO BOX 92047
SANTA BARBARA CA 93190 (805) 617-3255

EST TAX AMT QSUB TAX AMT
TOTAL PAYMENT AMT

Form at bottom of page.

Installment 3 – File and Pay by the 15th day of the 9th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 3

TAXABLE YEAR **2022** **Corporation Estimated Tax** CALIFORNIA FORM **100-ES**

1940193 SANT 77-0395986 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
SANTA BARBARA BICYCLE COALITION
JAMES STUDARUS
PO BOX 92047
SANTA BARBARA CA 93190 (805) 617-3255

EST TAX AMT 450. QSUB TAX AMT
TOTAL PAYMENT AMT 450.

Form at bottom of page.

Installment 4 – File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE: Using black or blue ink, make the check or money order payable to the 'Franchise Tax Board.' Write the corporation number, FEIN, and CA SOS file number, if applicable, and '2022 Form 100-ES' on the check or money order. Detach form below. Enclose, but **do not** staple, the payment with this form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

Caution: The corporation may be required to pay electronically. See instructions.

Installment 4

TAXABLE YEAR **2022** **Corporation Estimated Tax** CALIFORNIA FORM **100-ES**

1940193 SANT 77-0395986 000000000000 22 FORM 2
TYB 01-01-2022 TYE 12-31-2022
SANTA BARBARA BICYCLE COALITION
JAMES STUDARUS
PO BOX 92047
SANTA BARBARA CA 93190 (805) 617-3255

EST TAX AMT 300. QSUB TAX AMT
TOTAL PAYMENT AMT 300.

TAXABLE YEAR **2021**

California Exempt Organization Business Income Tax Return

FORM **109**

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name	California corporation number
SANTA BARBARA BICYCLE COALITION	1940193
Additional information. See instructions.	FEIN 77-0395986
Street address (suite/room no.) PO BOX 92047	PMB no.

City (If the corporation has a foreign address, see instructions.)	State	ZIP code
SANTA BARBARA	CA	93190

Foreign country name	Foreign province/state/county	Foreign postal code

A First return filed? ☐ Yes ☒ No

B Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

D Final return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ● _____

E Amended return? ● ☐ Yes ☒ No

F Accounting method used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

G Nature of trade or business COMMERCIAL REAL ESTAT

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ● ☐ Yes ☒ No

I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ● ☐ Yes ☒ No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ● ☐ Yes ☒ No

K Unrelated Business Activity (UBA) code ● 531120

L Is this a hospital? ● ☐ Yes ☒ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30 ●		1	11,116.
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions ●		2	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1 ●		3	11,116.
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30 ●		4	
Tax Computation	5	Unrelated business taxable income from line 3 or line 4 ●		5	11,116.
	6	EZ, LAMBRA, or TTA NOL carryover deduction ●		6	
	7	Net Operating Loss deduction. See General Information N ●		7	
	8	Add line 6 and line 7 ●		8	
	9	Net unrelated business taxable income. Subtract line 8 from line 5 ●		9	11,116.
	10	Tax 8.84 % x line 9. See General Information J ●		10	983.
	11	Tax credits from Schedule B. See instructions ●		11	
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0- ●		12	983.
	13	Alternative minimum tax. See General Information O ●		13	
	14	Total tax. Add line 12 and line 13 ●		14	983.
Payments	15	Overpayment from a prior year allowed as a credit ●	15		
	16	2021 estimated tax payments. See instructions ●	16		
	17	Withholding (Form 592-B and/or 593). See instructions ●	17		
	18	Amount paid with extension (form FTB 3539) ●	18	1,250.	
	19	Total payments and credits. Add line 15 through line 18 ●		19	1,250.
Use Tax/ Tax Due/ Overpayment	20	**Use tax.** See instructions ●		20	
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19 ●		21	1,250.
	22	**Use tax balance.** If line 20 is more than line 19, subtract line 19 from line 20 ●		22	
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions ●		23	
	24	Overpayment. Subtract line 14 from line 21. See instructions ●		24	267.
	25	Enter amount of line 24 to be applied to 2022 estimated tax ●		25	250.

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking ☐ Savings ☐ c Account Number	26c	
	27 Penalties and interest. See General Information M	27	17.
	28 ☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806.		
	29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1a Gross receipts or gross sales _____ b Less returns and allowances _____ c Balance		1c	
2 Cost of goods sold and/or operations (Schedule A, line 7)		2	
3 Gross profit. Subtract line 2 from line 1c		3	
4a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)		4a	
b Net gain (loss) from Part II, Schedule D-1		4b	
c Capital loss deduction for trusts		4c	
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule		5	
6 Rental income (Schedule C)		6	
7 Unrelated debt-financed income (Schedule D)		7	11,087.
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)		8	
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)		9	
10 Exploited exempt activity income (Schedule G)		10	
11 Advertising income (Schedule H, Part III, Column A)		11	
12 Other income. Attach schedule SEE STATEMENT 1		12	1,029.
13 Total unrelated trade or business income. Add line 3 through line 12		13	12,116.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I		14	
15 Salaries and wages		15	
16 Repairs		16	
17 Bad debts		17	
18 Interest. Attach schedule		18	
19 Taxes. Attach schedule		19	
20 Contributions. See instructions and attach schedule		20	
21a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a		
b Less: depreciation claimed on Schedule A. See instructions	21b	21	
22 Depletion. Attach schedule		22	
23a Contributions to deferred compensation plans		23a	
b Employee benefit programs. See instructions		23b	
24 Other deductions. Attach schedule		24	
25 Total deductions. Add line 14 through line 24		25	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	12,116.
27 Excess advertising costs (Schedule H, Part III, Column B)		27	
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		28	12,116.
29 Specific deduction. See instructions		29	1,000.
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28		30	11,116.

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ►	Title EXECUTIVE DIRECT	Date 8/24/2022	Telephone (805) 617-3255

Paid Preparer's Use Only

Preparer's signature ► SHANNON MILLER	Date	Check if self-employed ► [X]	PTIN P00586085
Firm's name (or yours, if self-employed) and address ► SHANNON MILLER 3040 STATE STREET SUITE A SANTA BARBARA, CA 93105			Firm's FEIN 27-4975830 Telephone (805) 636-5011

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SANTA BARBARA BICYCLE COALITION 77-0395986

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4a	Additional IRC Section 263A costs. Attach schedule	4a	
b	Other costs. Attach schedule	4b	
5	Total. Add line 1 through line 4b	5	
6	Inventory at end of year	6	
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1	Enter credit name _____ code _____	1		
2	Enter credit name _____ code _____	2		
3	Enter credit name _____ code _____	3		
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11		4	

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	
	b Method for non-dealer installment obligations	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	
4	Credit recapture. Credit name _____	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method — Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%

4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income		5 Complete if any item in column 3 is more than 10%, but not more than 50%		
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)	(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule) ST 2
COMMERCIAL REAL ESTATE RENTAL	25,041.	1,220.	12,734.

4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		100.000 %	25,041.	13,954.	11,087.
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					11,087.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations

1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				
4 Add columns 5 and 10				
5 Add columns 6 and 11				
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals.....						

Part II Income from Periodicals Reported on a Separate Basis

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amount listed in Part II, columns 4 or 7
Enter total here and on Side 2, Part I, line 11.....	

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part II, line 27.....	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14.....					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below).....						
2 Other depreciation:	SEE ATTACHED DEPRECIATION SCHEDULE					
Buildings.....						
Furniture and fixtures.....						
Transportation equipment...						
Machinery and other equipment.....						
Other (specify)						
3 Other depreciation.....						
4 Total.....						1,220.
5 Amount of depreciation claimed elsewhere on return.....						1,220.
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.....						

TAXABLE YEAR **2021**

Underpayment of Estimated Tax by Corporations

CALIFORNIA FORM **5806**

For calendar year 2021 or fiscal year beginning (mm/dd/yyyy)_____, and ending (mm/dd/yyyy)_____.

Corporation name: SANTA BARBARA BICYCLE COALITION

California corporation number: 1940193

Part I Figure the Underpayment

		(a)	(b)	(c)	(d)
1 Current year's tax. See instructions	1	983.			
2 Installment due dates. See instructions	2	4/15/21	6/15/21	9/15/21	12/15/21
3 Percentage required. See instructions	3	30%	70% less 1st	70% less prior	100% less prior
4 Amount due. See instructions	4	(not less than min.) 295.	393.		295.
5 a Amount paid or credited for each installment	5a				
b Overpayment from previous installment. See instructions	5b				
6 Add line 5a and line 5b	6				
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to **Part IV, Exceptions Worksheets**	7	295.	393.		295.

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return. If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

(check the applicable boxes)		Yes	No	Yes	No	Yes	No	Yes	No
8 a Exception A — Regular Corporations, line 26 met?	8a		X		X		X		X
b Exception A — Large Corporations, line 30, met?	8b								
9 Exception B (line 42) met?	9								
10 Exception C (line 64) met?	10								

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11 Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions	11	2/20/22	2/20/22		2/20/22
12 Number of days from date shown on line 2 to date shown on line 11	12	311	250		67
13 Number of days on line 12 before 7/01/21, or the payment date, whichever is earlier	13	76	15		
14 Number of days on line 12 after 6/30/21 and before 1/01/22, or the payment date, whichever is earlier	14	184	184		16
15 Number of days on line 12 after 12/31/21 and before 7/01/22, or the payment date, whichever is earlier. **Calendar year corporations,** see instructions	15	51	51		51
16 **For fiscal year corporations only.** Number of days on line 12 after 6/30/22 and before 1/01/23. See instructions	16				
17 **For fiscal year corporations only.** Number of days on line 12 after 12/31/22 and before 2/15/23. See instructions	17				
18 Number of days on line 13 / Number of days in taxable year x 3% x line 7	18	1.84	0.48		
19 Number of days on line 14 / Number of days in taxable year x 3% x line 7	19	4.46	5.94		0.39
20 Number of days on line 15 / Number of days in taxable year x 3% x line 7	20	1.24	1.65		1.24
21 Number of days on line 16 / Number of days in taxable year x % (see instrs) x ln 7	21				
22 Number of days on line 17 / Number of days in taxable year x % (see instrs) x ln 7	22				
22 a Add amounts for each column from line 18 through line 22	22a	7.54	8.07		1.63

22 b **Total estimated penalty due.** Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27 ..... 22b 17.

Part IV **Exceptions Worksheets.** Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

Exception A – Prior Year's Tax – Regular Corporations

23 Prior year's tax (the return must have been for a full 12 months) ..... 23 964.

		(a)		(b)		(c)		(d)	
		30%		70%		70%		100%	
24 Enter line 23 x the percentage shown ...	24	(not less than min.) 289.		675.		675.		964.	
25 Amount paid by the installment due date (cumulative)	25								
26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 8a	26	Yes	X No	Yes	X No	Yes	X No	Yes	X No

Exception A – Prior Year's Tax – Large Corporations

Use this exception only if prior year tax is less than current year tax.

27 Current year's tax. See instructions 27

		1st Installment		2nd Installment	
28 a Installment due. Enter line 23 x 30%	28a				
b Installment due. Enter line 27 x 70%	28b				
29 Amount paid by the installment due date (cumulative)	29				
30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies **only** if line 29 is greater than line 28 for **both** installments. If line 28 is greater than line 29 for either installment, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 8b.	30	Yes	No	Yes	No

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B – Tax on Annualized Current Year Income

		(a)		(b)		(c)		(d)	
Enter number of months for each period. See instructions . ►									
31 Enter taxable income for each annualization period	31								
32 Annualization amounts. See instructions	32								
33 a Annualized taxable income. Multiply line 31 by line 32	33a								
b R&TC Section 23802(e) deduction (S corps only) ..	33b								
c Net income. Subtract line 33b from line 33a	33c								
34 Tax. Multiply line 33c by the current tax rate	34								
35 Tax credits for each payment period	35								
36 Subtract line 35 from line 34	36								
37 Other taxes*	37								
38 Total tax. Add line 36 and line 37	38								
39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3	39	30%		70%		70%		100%	
40 Installment due. Multiply line 38 by line 39	40	(not less than min.)							
41 Amount paid by the installment due date (cumulative)	41								
42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 9	42	Yes	No	Yes	No	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Part IV **Exceptions Worksheets** ***(Continued)***

Exception C – Tax on Annualized Seasonal Income		(a)	(b)	(c)	(d)
		1st 3 months	1st 5 months	1st 8 months	1st 11 months
43 Enter taxable income for the following periods:					
a Taxable year beginning in 2018	43a				
b Taxable year beginning in 2019	43b				
c Taxable year beginning in 2020	43c				
44 Enter taxable income for each period for the taxable year beginning in 2021	44				
		1st 4 months	1st 6 months	1st 9 months	Entire year
45 Enter taxable income for the following periods:					
a Taxable year beginning in 2018	45a				
b Taxable year beginning in 2019	45b				
c Taxable year beginning in 2020	45c				
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46				
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47				
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48				
49 Add line 46 through line 48	49				
50 Divide line 49 by 3	50				
		1st 4 months	1st 6 months	1st 9 months	Entire year
51 **a** Divide line 44 by line 50	51a				
b R&TC Section 23802(e) deduction. (S corps only)	51b				
c Net income. Subtract line 51b from line 51a	51c				
52 Tax. Multiply line 51c by the current tax rate	52				
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	53				
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	54				
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	55				
56 Add line 53 through line 55	56				
57 Divide line 56 by 3	57				
58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d)	58				
59 Tax credits for each payment period	59				
60 Subtract line 59 from line 58	60				
61 Other taxes*	61				
62 Total tax. Add line 60 and line 61	62	(not less than min.)			
63 Amount paid by the installment due date (cumulative)	63				
64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is **not** met. Check "No" here and check the applicable "No" box in Part II, line 10	64	Yes / No	Yes / No	Yes / No	Yes / No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Statement 1
Form 109, Part I, Line 12
Other Income

STATE TAXES PAID	$	1,029.
Total	$	1,029.

Statement 2
Form 109, Schedule D, Line 3b
Other Deductions

COMMERCIAL REAL ESTATE RENTAL		
Cleaning and Maintenance	$	701.
Interest		5,378.
Taxes		4,997.
Utilities		1,467.
SUPPLIES		191.
Total	$	12,734.

STATE OF CALIFORNIA
RRF-1
(Rev. 02/2021)
IN

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

(For Registry Use Only)

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

SANTA BARBARA BICYCLE COALITION
Name of Organization

List all DBAs and names the organization uses or has used

PO BOX 92047
Address (Number and Street)

SANTA BARBARA, CA 93190
City or Town, State, and ZIP Code

(805) 617-3255 — Telephone Number
INFO@SBBIKE.ORG — E-mail Address

Check if:
☐ Change of address
☐ Amended report

State Charity Registration Number 098656

Corporation or Organization No. 1940193

Federal Employer ID No. 77-0395986

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than $50,000	$25	Between $250,001 and $1 million	$100	Between $20,000,001 and $100 million	$800
Between $50,000 and $100,000	$50	Between $1,000,001 and $5 million	$200	Between $100,000,001 and $500 million	$1,000
Between $100,001 and $250,000	$75	Between $5,000,001 and $20 million	$400	Greater than $500 million	$1,200

PART A – ACTIVITIES

For your most recent full accounting period (beginning 1/01/21 **ending** 12/31/21 **) list:**

Total Revenue $ (including noncash contributions) 966,918. **Noncash Contributions $** 8,000. **Total Assets $** 1,822,126.

Program Expenses $ 412,622. **Total Expenses $** 709,880.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	☐	☒
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	☐	☒
5 During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 1	☒	☐
6 During this reporting period, did the organization hold a raffle for charitable purposes?	☐	☒
7 Does the organization conduct a vehicle donation program?	☐	☒
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	☐	☒
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	☐	☒

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent	Printed Name	Title	Date
[signature]	HEATHER DEUTSCH	EXECUTIVE DIRECTOR	8/24/2022

Statement 1
Form RRF-1, Part B, Line 5
Government Agency That Provided Funding

THE SANTA BARBARA BICYCLE COALITION RECEIVED GOVERNMENT FUNDING FROM:

KENT EPPERSON
SANTA BARBARA COUNTY ASSOCIATION OF GOVERNMENTS
260 NORTH SAN ANTONIO ROAD, SUITE B
SANTA BARBARA CA 93110
805-895-6589

CHRISTOPHER PETRO
CITY OF SANTA MARIA
110 SOUTH PINE STREET SUITE 221
SANTA MARIA CA 93458
805-925-0951

JAQUELIN MATA
SANTA BARBARA COUNTY ASSOCIATION OF GOVERNMENTS
260 SAN ANTONIO ROAD SUITE B
SANTA BARBARA CA 93110
805-961-8904

BRIAN BARRETT
CITY OF CARPINTERIA
5775 CARPINTERIA AVENUE
CARPINTERIA CA 93013

MICHELLE GREENE
CITY OF GOLETA
130 CREMONA DRIVE SUITE B
GOLETA CA 93117

MARK FRIEDLANDER
COUNTY OF SANTA BARBARA
123 EAST ANAPAMU STREET
SANTA BARBARA CA 93101

JESSICA GRANT
CITY OF SANTA BARBARA
630 GARDEN STREET
SANTA BARBARA CA 93463

MATT VAN DE LINDEN
CITY OF SOLVANG
411 SECOND STREET
SOLVANG CA 93463