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.

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2018 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identi	fication number
	Addres	s ST. LOUIS BICYCLE WORKS	INC.			
	Name change				43-1	1630103
	Initial return	Number and street (or P.O. box if mail is not delive 2414 MENARD STREET	rered to street address)	Room/suite	E Telephone numb	er 4)827-6640
	—lreturn/ termin		ZID au fausiana na atal an da		<del> </del>	642,824.
	ated Amend	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	
H	lreturn ⊟Applic		TCK VAN DER TII	TN	H(a) Is this a group	77
_	ltiön pendir	SAME AS C ABOVE	CICK VIII DIK 10	T11	for subordinates <b>H(b)</b> Are all subordinates	
$\overline{}$	Tayay	empt status: X 501(c)(3) 501(c)( )	(insert no.) 4947(a)(1)	or 527	<b>-</b>	a list. (see instructions)
		e: ► WWW • BWORKS • ORG	(IIISCITIO.) 4347(a)(1)	01 321	H(c) Group exempti	
			ociation Other	I Vear		M State of legal domicile: MO
	art I	Summary	odiadori odrior p	L I Cai	oriorination. 1999	IVI State of legal dofficite, 220
		Briefly describe the organization's mission or most s	significant activities: INSP	IRE YO	OUTH TO PURS	SUE THEIR
Governance	'	DREAMS, CARE FOR THE WORLI	AROUND THEM.	AND EX	PLORE NEW	
'n,		Check this box if the organization discon	-			assets
š		Number of voting members of the governing body (			3	
Ğ		Number of independent voting members of the gov				1 4 4
တ္ဆ		Total number of individuals employed in calendar ye				
jŧį.		Total number of volunteers (estimate if necessary)				
Activities &		Total unrelated business revenue from Part VIII, col				
⋖		Net unrelated business taxable income from Form 9				0.
Revenue			·		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			270,383	381,272.
		Program service revenue (Part VIII, line 2g)			35,971	37,412.
ě		Investment income (Part VIII, column (A), lines 3, 4,			356	1,143.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			110,853	85,752.
		Total revenue - add lines 8 through 11 (must equal F			417,563	505,579.
		Grants and similar amounts paid (Part IX, column (A			24,986	. 160,174.
		Benefits paid to or for members (Part IX, column (A)			0	
S	1	Salaries, other compensation, employee benefits (P			184,836	201,643.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0	0.
x	b	Total fundraising expenses (Part IX, column (D), line		06.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		106,145	
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		315,967	
	19	Revenue less expenses. Subtract line 18 from line 1	2		101,596	. 75,417.
Net Assets or Fund Balances				Ве	ginning of Current Year	
Set	20	Total assets (Part X, line 16)			383,496	
TAS P	21	Total liabilities (Part X, line 26)			24,916	
		Net assets or fund balances. Subtract line 21 from l	ine 20		358,580	. 433,997.
_	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, i				my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer	) is based on all information of w	nich preparer	has any knowledge.	
		Signature of officer			l Date	
Sig			ntm		Date	
He	re	WAYNE BRINKMAN, PRESIDE Type or print name and title	TIV.T.			
		<u>'</u>	Dranavaria ajanat::::	П	Date Check	PTIN
Da:	ч	Print/Type preparer's name ANGELA DORN, CPA	Preparer's signature	['	if	
Pai			L CO T.T.D CDXC		Self-emplo	43-0673920
	parer Only	Firm's name HOCHSCHILD BLOOM Firm's address 15450 SOUTH OUTER			Firm's EIN ▶	43-00/3340
US	Unity	CHESTERFIELD, MO			Dhone no 6	36-532-9525
N/-	v tha II	RS discuss this return with the preparer shown above			Priorie no. 0	X Yes No
IVIA	v me it	so diacuas illis return with the brebarer shown abov	re closee instructions)			144   185   INO

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
•	INSPIRE YOUTH TO PURSUE THEIR DREAMS, CARE FOR THE WORLD AROUND THEM,
	AND EXPLORE NEW POSSIBILITIES THROUGH EXPERIENTIAL LEARNING. WE
	ACCOMPLISH THIS BY PROVIDING YOUTH WITH SKILLS AND CHARACTER TRAINING
	USING BICYCLES, COMPUTERS AND BOOKS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 \$ 263,869 · including grants of \$ 125,328 · ) (Revenue \$ 110,178 · )
	ST. LOUIS BICYCLE WORKS GIVES KIDS THE CHANCE TO EARN A FREE BIKE AFTER THEY LEARN ABOUT BICYCLE SAFETY AND MAINTENANCE FROM OUR VOLUNTEERS.
	THEY LEARN TO WORK INDEPENDENTLY AND AS A GROUP TO SOLVE PROBLEMS.
	ABOUT 350 KIDS GRADUATE FROM THE PROGRAM EVERY YEAR, EARNING THEIR OWN
	BIKE, HELMET, LIGHT AND LOCK. ST. LOUIS BICYCLE WORKS ALSO FEATURES A
	BIKE SHOP, WHERE ANYONE CAN PURCHASE A FULLY REFURBISHED BIKE, WITH THE
	PROCEEDS BENEFITTING ST. LOUIS BICYCLE WORKS' PROGRAMS. 300 BIKES WERE
	EARNED BY ST. LOUIS CHILDREN IN 2018.
4b	(Code:) (Expenses \$ 65,409 •including grants of \$ 31,267 • ) (Revenue \$ 12,652 • )
	ST. LOUIS BYTE WORKS ALLOWS CHILDREN TO EARN A COMPLETE DESKTOP
	COMPUTER SYSTEM AFTER COMPLETION OF A SIX WEEK COURSE THAT TEACHES
	TECHNICAL SKILLS NEEDED TO USE AND MAINTAIN IT, ALL WHILE SEEING
	FIRST-HAND THE POWER OF RESPONSIBILITY AND COMMITMENT. IN 2017, WE
	DONATED 207 WORKING COMPUTERS TO CHILDREN IN THE ST. LOUIS AREA. IN
	ADDITION, WE PLACED 3,000 TO 4,000 POUNDS OF COMPUTER HARDWARE WITH LOCAL RECYCLING FACILITIES.
	BOCAL RECICLING PACILITIES:
4c	(Code:) (Expenses \$ 323 • including grants of \$) (Revenue \$)
	ST. LOUIS BOOK WORKS PROMOTES VERBAL, VISUAL, AND CULTURAL LITERACY
	THROUGH CREATIVE EXPRESSION AND ALLOWS YOUNG PEOPLE TO WORK WITH
	EDITORS TO WRITE AND ILLUSTRATE THEIR OWN BOOKS. THERE WERE 11
	GRADUATES FROM THE BOOK WORKS PROGRAM IN 2017.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 8,422 • including grants of \$ 3,579 •) (Revenue \$ 304 •)
4e	Total program service expenses ► 338,023.
	Form <b>990</b> (2018)

# Form 990 (2018) ST. LOUIS BICYCLE WORKS INC. 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
IJ	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 22
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

Form 990 (2018) ST. LOUIS BICYCLE

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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270		
C	· , , , , , , , , , , , , , , , , , , ,	240		
	any tax-exempt bonds?	24c		
	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			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			١
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	I' I I I I I I I I I I I I I I I I I I	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30		30		х
24	contributions? If "Yes," complete Schedule M	30		25
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3.7
	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
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c		
	(O O)O F			

#### 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 9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	<b>2</b> b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	)	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	, ,			l			
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		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			,,			
	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 contributi	· ·						
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).				v			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7.		X			
	to file Form 8282?		7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7g		<del></del>			
g h	If the organization received a contribution of qualified intellectual property, and the organization file of		7 <u>9</u> 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/					
sponsoring organization have excess business holdings at any time during the year?								
9								
а	D. I		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:							
а	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:	•						
а	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1						
		13b						
С	Enter the amount of reserves on hand	13c			X			
14a	71,7							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		<u> </u>			
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 instructions and file Form 4720, Schedule N.				v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							

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 in Schedule O. See instructions.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_ <u>X</u> _				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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:							
а	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 in Schedule O	9		<u> </u>				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	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 in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c		37				
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?		77					
	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v				
	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							
<u> </u>	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ► NONE							
17	Elot the states with which a sopy of this form occite required to be mode.	0.651.1	0):5!					
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)	avaıla	eioie				
	for public inspection. Indicate how you made these available. Check all that apply.  Own website X Another's website X Upon request Other (explain in Schedule O)							
·								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	cial					
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► PATRICK VAN DER TUIN - (314)827-6640							
	2414 MENARD STREET, ST. LOUIS, MO 63104							

#### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) WAYNE BRINKMAN	10.00							_	_	_	
PRESIDENT		Х		Х				0.	0.	0	
(2) ROGER SCHALLOM	10.00	ļ									
VICE PRESIDENT	1000	Х		Х				0.	0.	0	
(3) EVIE HEMPHILL	10.00	١								•	
SECRETARY	10.00	Х		Х				0.	0.	0	
(4) DAN DOYLE TREASURER	10.00	X		x				0.	0.	0	
(5) T.J. BROSS	5.00	<u> </u>		^				0.	0.	0	
DIRECTOR	3.00	X						0.	0.	0	
(6) MATTHEW MARTING	5.00	<del> </del>									
DIRECTOR		x						0.	0.	0	
(7) CHRISTINA MOSS	5.00										
DIRECTOR		Х						0.	0.	0	
(8) JENNIFER PANGBORN	5.00										
DIRECTOR		Х						0.	0.	0	
(9) JOSEPH RICE	5.00								_	_	
DIRECTOR		Х						0.	0.	0	
(10) ANNIE YARBROUGH	5.00	١							0		
DIRECTOR		Х						0.	0.	0	
(11) CARRIE ZUKOSKI	5.00	X						0.	0.	0	
DIRECTOR	40.00	^						0.	0.	0	
(12) PATRICK VAN DER TUIN EXECUTIVE DIRECTOR	40.00	-		x				62,174.	0.	0	
EXECUTIVE DIRECTOR				^				02,174.	0.	0	
		1									
		1									
		<u> </u>									
		4									
										F 000 (004)	

Form 990 (2018) 832007 12-31-18

	(A) (B) Name and title Average				Pos				<b>(D)</b> Reportable	<b>(E)</b> Reportable		E	(F) timate	'nd
	Name and title	hours per week (list any hours for	director	not c , unle cer ar	heck ss pe	more rson lirecto	than is bot or/trus	th an stee)	compensation from the organization	compensation from related organization (W-2/1099-MIS	s	an com fr	nount of other pensation the	of tion e
		related organizations below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizati d relate anizatio	ed
			_											
			_											
			_											
			_											
			_											
	Sub-total Otal from continuation sheets to Part V								62,174.		0.			0 .
d T	otal (add lines 1b and 1c)							<u> </u>	62,174.		0.			0
	otal number of individuals (including but in ompensation from the organization	not limited to tr	nose	IIST	ed ai	bove	e) wi	no re	eceived more than \$100	J,000 of reportable	ie		<b>V</b> I	(
	olid the organization list any <b>former</b> officer			e, ke	ey er	nplc	yee	, or	highest compensated e	mployee on			Yes	No
4 F	ne 1a? <i>If</i> "Yes," complete Schedule J for some some for any individual listed on line 1a, is the some some some some some some some som	um of reportab	le c	omp	ensa	atior	n and	d otl		the organization		3		X
	nd related organizations greater than \$15 Did any person listed on line 1a receive or											4		X
	endered to the organization? If "Yes," con on B. Independent Contractors	nplete Schedul	e J t	for s	uch	pers	son .					5		X
	Complete this table for your five highest cone organization. Report compensation for										pens	ation 1	rom	
	(A) Name and business			INC					(B) Description of s		C	(C Compe		n
	otal number of independent contractors (		ot li	mite	d to		se li:	sted	d above) who received m	nore than				
	,													-

Form 990 (2018) ST. LOU
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a resnonse	or note to any lin	e in this Part VIII			
		Oncok ii Goricadic O cont	ans a response	or note to any in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	CLASS TUITION A RECYCLING SALE OF ITEMS BOOK SALES	tb 1c 1d 1d 1e 1s, and ve 1f 2TS AND FEES	7.  381,265. 282,513.  ▶  Business Code 900099 611710 900099 900099	381,272. 21,610. 12,418. 2,339. 1,015. 30.	21,610. 12,418. 2,339. 1,015. 30.		
_		All other program service reverse Total. Add lines 2a-2f			37,412.			
	3	Investment income (including other similar amounts) Income from investment of tax	dividends, interesections.	est, and  proceeds	988.			988.
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities 10,213.	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)			155.			155.
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	g events (not	0.				
ĕ		Less: direct expenses		0.	0.			
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	ctivities. See		0.			
	С	Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances	ning activities returns					
		Less: cost of goods sold  Net income or (loss) from sale  Miscellaneous Revenu	bs of inventory	127,187.	85,584.	85,584.		
	b	MISCELLANEOUS		611710	168.	168.		
	q	All other revenue						
		Total. Add lines 11a-11d			168.			
	12	Total revenue See instructions		······	505.579.	123.164.	0.	1.143.

### 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 respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олроново	gomeral expenses	<u> </u>
	and domestic governments. See Part IV, line 21	102,395.	102,395.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	57,779.	57,779.		
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	62,174.	41,657.	20,517.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	124,533.	83,437.	41,096.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44.005	10.000		
10	Payroll taxes	14,936.	10,008.	4,928.	
11	Fees for services (non-employees):	4 050		4 050	
а	Management	1,959.		1,959.	
b	Legal	9,009.		9,009.	
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	2 051		2,051.	
12	Advertising and promotion	2,051. 2,780.		2,031.	
13	Office expenses	4,700.		4,700.	
14	Information technology				
15	Royalties	31,636.	30,056.	1,580.	
16	Occupancy	31,030.	30,030.	1,500.	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	775.		775.	
23		8,270.	7,857.	413.	
23 24	Other expenses. Itemize expenses not covered	5,2.00	.,	120	
2-7	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK AND MERCHANT FEES	3,352.		3,352.	
b	SHIPPINGS CHARGES	2,973.		2,973.	
С	BICYCLES AND COMPUTERS	2,324.	2,324.		
d	TRANSPORTATION	2,254.	2,254.		
	All other expenses	962.	256.		706.
25	Total functional expenses. Add lines 1 through 24e	430,162.	338,023.	91,433.	706.
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)				
					C 000 (0040)

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			179,775.	1	106,949.
	2	Savings and temporary cash investments			200,799.	2	324,345.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
છ		employees' beneficiary organizations (see instr).	·		6		
Assets	7	Notes and loans receivable, net			7		
¥	8	Inventories for sale or use				8	38,402.
	9			9	-		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,870.			
	b	Less: accumulated depreciation		6,723.	2,922.	10c	2,147.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	383,496.	16	471,843.		
	17	Accounts payable and accrued expenses			13,542.	17	20,400.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	11 251		45 446
		Schedule D			11,374.	25	17,446.
	26	Total liabilities. Add lines 17 through 25			24,916.	26	37,846.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
Ses		complete lines 27 through 29, and lines 33 an			252 507		404 040
anc	27	Unrestricted net assets			352,507.	27	424,848.
Bal	28	Temporarily restricted net assets			6,073.	28	9,149.
Fund Balances	29	Permanently restricted net assets				29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958	s), check here			
Š		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			250 500	32	122 007
_	33	Total net assets or fund balances		358,580.	33	433,997.	
	34	Total liabilities and net assets/fund balances			383,496.	34	471,843.

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	75,417		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	8,5	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	43	3,9	97.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

### **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

Open to Public Inspection

Employer identification number Name of the organization ST. LOUIS BICYCLE WORKS INC. 43-1630103 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

### 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.)

Sec	ction A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	333,987.	51,169.	343,012.	270,383.	381,272.	1,379,823.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	333,987.	51,169.	343,012.	270,383.	381,272.	1,379,823.	
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)							
	Public support. Subtract line 5 from line 4.						1,379,823.	
Section B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2014 333, 987.	(b) 2015 51, 169.	(c) 2016 343, 012.	(d) 2017 270,383.	(e) 2018 381,272.	(f) Total	
	Amounts from line 4	333,907.	51,169.	343,012.	2/0,383.	301,272.	1,379,823.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	276.	249.	225.	256	1 1 1 2	2 240	
_	and income from similar sources	4/0.	249.	223.	356.	1,143.	2,249.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital	22.	465.	1,939.	1,992.	168.	4,586.	
	assets (Explain in Part VI.)	22.	405.	1,939.	1,992.	100.	1,386,658.	
	<b>Total support.</b> Add lines 7 through 10	-1- / !				40 1	,276,309.	
	Gross receipts from related activities,			ما در الله الله الله الله الله الله الله الل			, 210, 309.	
13	First five years. If the Form 990 is for	hovo			•		ightharpoonup	
organization, check this box and stop here  Section C. Computation of Public Support Percentage								
	Public support percentage for 2018 (I			rolumn (f))		14	99.51 %	
	Public support percentage from 2017					15	57.58 %	
	16a 33 1/3% support test - 2018. 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								
~	b 33 1/3% support test - 2017. 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 tes							
	and if the organization meets the "fac	•					•	
	meets the "facts-and-circumstances"					~		
h	10% -facts-and-circumstances tes							
~	more, and if the organization meets the	· ·				*		
	organization meets the "facts-and-circ				-			
18	Private foundation. If the organization						s	

#### 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.)

Called any any activity facts and the second of the seco	Se	ction A. Public Support	slow, please com	piete Fart II.)					
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c Add lines 10a and 10b		acquired after June 30, 1975							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five 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 2018 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2017 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2017 Schedule A, Part III, line 17  19 33 1/3% support tests - 2018. 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 andstop here. The organization qualifies as a publicly supported organization  10 33 1/3% support tests - 2017. 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 andstop here. The organization qualifies as a publicly supported organization									
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	20							. $\square$	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	2		
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	3b		
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	30		
	4-		
	4a		
	4b		
	4c		
	5a		
	- Ou		
	5b		
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	10a		
	401		
	10b	\	0040
m 9	90 or 99	JU-EZ)	2018

Par	TIV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
Sec	tion C. Type II Supporting Organizations			
<del>000</del>	aon o. Type ii oupporting organizatione		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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		
Sac	tion D. All Type III Supporting Organizations	<u>'</u>		
000	tion B. All Type in 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		163	140
•	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 in (2), 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			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
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		

Pai	Type in real carretion, integrated cos(a)(c) capper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	1
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting ord	anization (see
	instructions).	, 5	), ii 93	
	,			

Schedule A (Form 990 or 990-EZ) 2018

Par	rt V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

43-1630103 Page 8	43-	16	30	10	3	Page 8
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Schedule A (Form 990 or 990-EZ) 2018	ST.	LOUIS	BICYCLE	WORKS	INC.
Scriedule A (FOITH 330 OF 330-EZ) 2010	$\sim$ $\sim$	TOOTO		MOTITIO	T110.

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 A, PART	II, LINE 10,	EXPLANATION	FOR OTHER	INCOME:	
MISCELLANEOUS INC	COME				
_					
_					

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

ST. LOUIS BICYCLE WORKS INC.

Employer identification number

43-1630103

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

### ST. LOUIS BICYCLE WORKS INC.

43-1630103

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,058.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,512.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### ST. LOUIS BICYCLE WORKS INC.

43-1630103

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			
1	329 SHARES OF ATT STOCK	_				
		10,058.	11/29/18			
(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			
		_ _ _ _ \$				
		_   -				

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization Employer identification number ST. LOUIS BICYCLE WORKS INC. 43-1630103 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 info. once.) 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

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

#### **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 Open to Public Inspection

Name of the organization

ST. LOUIS BICYCLE WORKS INC.

Employer identification number 43-1630103

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	_	
	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 a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		<del> </del>
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		l I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Aut Historiaal Tussayusa ay	Other Circilar Assats
Pa	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets in all I ded in Farms COO. Dort V		Φ.

Pai	t III Organizations Maintaining C	Collections of Art	t, Hist	orical Tr	easures, c	or Other	r Simila	r Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t are a sig	nificant us	se of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ey further t	he organizati	on's exem	npt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	•		-	_						
	to be sold to raise funds rather than to be m				•			$\square$	Yes		No
Pai	t IV   Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa								,		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for o	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, 1	•	3						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.		•								
Pai							 )				
		(a) Current year		rior year	(c) Two year			ars hack	(e) Four	vears	hack
10	Beginning of year balance	(a) Ourient year	(6) 1	ioi yeai	(C) TWO your	3 Duck (C	a) Tilloo yoo	ars back	( <b>c</b> ) 1 out	yours	DUCK
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
_	End of year balance										
2	Provide the estimated percentage of the cur			g, column (	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	tion tha	t are held a	and administe	red for the	e organiza	tion	ı		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on S	chedule R?	•				3b		
4	Describe in Part XIII the intended uses of the		vment f	unds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or oth	her	(b) Cost	t or other	(c) Acc	cumulated		(d) Boo	k valu	е
		basis (investm	ent)	basis	(other)	depr	eciation				
1a	Land										
	Buildings				8,870.		6,72	3.		2,1	47.
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		ر, colum	nn (B), line	10c.)					2,1	<del>47.</del>

Schedule D (Form 990) 2018

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line	13
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
	(b) I som raide	(2,	
(1)			
(2)		+	
(3)		+	
(4)			
(5)			
(6)			
(7)		<b>_</b>	
(8)			
(9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line	15. <b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(e)			
(5)			
(5) (6)			+
(6)			
(6) (7)			
(6) (7) (8)			
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line		· 11e or 11f. See Form 990, Part	▶ X, line 25.
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part	► X, line 25.
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			▶ X, line 25.
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes		(b) Book value	
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) DUE TO EMPLOYEE		(b) Book value 12,737.	► X, line 25.
(6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	on Form 990, Part IV, line	(b) Book value	► X, line 25.
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL	on Form 990, Part IV, line	12,737. 4,609.	X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL (5)	on Form 990, Part IV, line	12,737. 4,609.	X, line 25.
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  I. (a) Description of liability  (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL (5) (6)	on Form 990, Part IV, line	12,737. 4,609.	X, line 25.
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability  (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL (5) (6) (7)	on Form 990, Part IV, line	12,737. 4,609.	▶ X, line 25.
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL (5) (6) (7) (8)	on Form 990, Part IV, line	12,737. 4,609.	▶ X, line 25.
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes"  1. (a) Description of liability (1) Federal income taxes (2) DUE TO EMPLOYEE (3) PAYROLL LIABILITIES (4) DEPOSITS - BICYCLE RENTAL (5) (6) (7)	on Form 990, Part IV, line	12,737. 4,609.	▶ X, line 25.

Pa	rt XI	Reconciliation of Revenue per Audited Financial	Statements With Revenue p	er Return.	
		Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes <b>4a</b> and <b>4b</b>		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pa	rt XII	Reconciliation of Expenses per Audited Financial	•	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part I			
1	Total	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Dona	ted services and use of facilities	2a		
b	Prior	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>			
3	Subtr	act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
		nes <b>4a</b> and <b>4b</b>			
		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1. Add lines 3. Add lines	ne 18.)	5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		, line 4; Part X, line 2; P	art XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		

#### SCHEDULE I (Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 43-1630103 ST. LOUIS BICYCLE WORKS INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) BIKES FOR THE WORLD INC 11720 PARKLAWN DRIVE 620 USED BICYCLES ROCKVILLE, MD 20852 27-5426399 501(C)(3) 0 49,408.FMV BICYCLE DONATIONS VILLAGE BICYCLE PROJECT, INC. 1915 11TH AVE E 620 USED SEATTLE, WA 98102 49,408.FMV BICYCLES 26-3547300 501(C)(3) BICYCLE DONATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IKE DONATIONS TO CHILDREN PARTICIPATING IN BIKE	300	0.	23,907.	FMV	THE CHILDREN RECIEVED BICYCLES.
OMPUTERS DONATED TO CHILDREN WHO COMPLETED ROGRAM COURSES.	206	0.	28,840.	FMV	COMPUTERS ACQUIRED AND DISTRIBUTED TO STUDENTS.
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ie 2; Part III, column	ı (b); and any other a	dditional information.	
_					

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

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

Name of the organization

Types of Property

Employer identification number 43-1630103 ST. LOUIS BICYCLE WORKS INC.

			Check if applicable	Number of contributions or		Method of de noncash contribu	etermin	•	s
				items contributed	Form 990, Part VIII, line 1g				
1		·							
2		easures							
3		terests							
4		cations							
5		sehold goods							
6		ehicles							
7		S							
8		erty		1	10 050				
9		cly traded		1	10,058.	MARKET QUOT	ATT	ON	
10	Securities - Close	ely held stock							
11	Securities - Partn	ership, LLC, or							
12	Securities - Misce	ellaneous							
13	Qualified conserv Historic structure	vation contribution - es							
14	Qualified conserv	vation contribution - Other							
15	Real estate - Res	idential							
16		nmercial							
17		er							
18									
19									
20		al supplies							
21									
22	Historical artifact	:S							
23		nens							
24		ifacts							
25	Other ► ( ]	BICYCLES	X	4,618		COMPARABLE			
26	Other (	COMPUTERS	X	452	57,880.	COMPARABLE	SAL:	ES	
27	Other ► (_	)							
28	Other (	)							
29	Number of Forms	s 8283 received by the orga	nization durin	g the tax year for o	ontributions				
	for which the org	anization completed Form 8	3283, Part IV,	Donee Acknowled	gement <b>29</b>				
								Yes	No
30a	During the year,	did the organization receive	by contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at I	east three years from the da	ate of the initia	al contribution, and	I which isn't required to be ι	sed for			
	exempt purposes	s for the entire holding perio	d?				30a		_X_
b	If "Yes," describe	e the arrangement in Part II.							
31	Does the organiz	ation have a gift acceptanc	e policy that r	equires the review	of any nonstandard contribu	ıtions?	31		X
32a	Does the organiz	ation hire or use third partie	s or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?						32a		X
b	If "Yes," describe	e in Part II.							
33	If the organizatio	n didn't report an amount ir	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part I								
	F D	Daduction Act Notice			^	Cabadula N	A /F	- 0001	0040

Schedule M (Form 990) 2018 ST. LOUIS BICYCLE WORKS INC. 43-1630103 Page 2  Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

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

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. LOUIS BICYCLE WORKS INC.

Employer identification number 43-1630103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POSSIBILITIES THROUGH EXPERIENTIAL LEARNING.

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

OPERATION FOOD SEARCH

EXPENSES \$ 8,422. INCLUDING GRANTS OF \$ 3,579. REVENUE \$ 304.

FORM 990, PART VI, SECTION A, LINE 6:

A VOTING MEMBER DONATES AT LEAST 20 HOURS PER YEAR OF VOLUNTEER TIME TO THE ORGANIZATION.

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

MEMBERS ELECT MEMBERS OF THE GOVERNING BODY. EACH MEMBER IS ALLOWED ONE

VOTE AT THE ANNUAL MEETING OR ANY SPECIAL MEMBER MEETING HELD DURING THE

YEAR TO ELECT MEMBERS TO THE GOVERNING BODY.

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

MEMBERS APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. EACH MEMBER

IS ALLOWED ONE VOTE AT THE ANNUAL MEETING OR ANY SPECIAL MEMBER MEETING ON

THE ELECTION OF BOARD MEMBERS AND ANY BYLAW CHANGES.

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

AN OUTSIDE ACCOUNTANT PREPARES THE 990 AND IS PROVIDED TO THE BOARD FOR REVIEW. ONCE ALL BOARD MEMBERS REVIEW AND APPROVE THE 990, IT IS SIGNED BY THE BOARD PRESIDENT AND FILED.

Name of the organization  ST. LOUIS BICYCLE WORKS INC.	Employer identification number 43-1630103
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION HAS BEEN DETERMINED	USING FAIR MARKET
RATES OF EMPLOYMENT FOR SIMILAR TYPES OF WORK.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS AVAILABLE T	O THE PUBLIC
DURING THE TAX YEAR BY MAKING THEM AVAILABLE ON ANOTHER W	VEBSITE. THEY ARE
ALSO AVAILABLE UPON REQUEST.	

#### Form **8868**

(Rev. January 2019)

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. 1545-1709

**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. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 43-1630103 ST. LOUIS BICYCLE WORKS INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2414 MENARD STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ST. LOUIS, MO 63104 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 PATRICK VAN DER TUIN • The books are in the care of ▶ 2414 MENARD STREET - ST. LOUIS, MO 63104 Telephone No. $\blacktriangleright$ (314)827-6640Fax 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 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or tax year beginning \_\_\_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **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 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.

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

instructions.

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

Form **8868** (Rev. 1-2019)