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### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

**Revenue**
- Contributions, gifts, grants, and similar amounts received: $1,000.00
- Program service revenue including government fees and contracts
- Membership dues and assessments
- Investment income
- Gross amount from sale of assets other than inventory ($5,600)

**Expenses**
- Grants and similar amounts paid (attach schedule)
- Benefits paid to or for members
- Salaries, other compensation, and employee benefits
- Professional fees and other payments to independent contractors
- Occupancy, rent, insurance, and maintenance
- Printing, publications, postage, and shipping
- Other expenses (describe)

**Changes in Net Assets or Fund Balances**
- Revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)
- Expenses (add lines 10, 11, 12, 13, 14, 15, 16, and 17)

### Part II: Balance Sheets

- (See page 39 of the instructions)
- Net Assets (line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ)

**Net Assets**
- Cash, savings, and investments
- Land and buildings
- Other assets (describe)
- Total assets
- Total liabilities (describe)
- Net assets or fund balances (line 27 of column (B) must agree with line 21)
Part III  Statement of Program Service Accomplishments (See page 39 of the instructions)

What is the organization's primary exempt purpose? _Create bicycling opportunities_

28. Bicycle to Work Pay Grant
1500 cyclists participated in National Bicycle to Work and School Day, a 500 increase from 2001. (Grants $ 1,000,000)

29. 

30. Other program services (attach schedule)
(Grants $)

31. Total program service expenses (add lines 28a through 31a)
$ 1,000,000

Part IV  List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) (See page 40 of the instructions)

(A) Name and address

Ellen Bartov 1581 Marine Dr  President Bellingham, WA 98225

Marie Kingboll 1842 Emeraid Way, Bellingham, WA 98226 V.P.

Bob Lindquist 3305 McAlpine Rd, Bellingham, WA 98226 Secretary

Part V  Other Information (Note the attachment requirement in General Instruction V, page 14)

33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34. Were any changes made to the organization or governing documents but not reported to the IRS? If "Yes," attach a detailed description of the changes

35. If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a. Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b. If "Yes," has it filed a tax return on Form 990-T for this year?

36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)

37. Enter amount of political expenditures, direct or indirect, as described in the instructions

38a. Did the organization file Form 1120-POL for this year?

38b. If "Yes," attach the activity schedule specified in the line 38 instructions and enter the amount involved

39. 501(c)(3) Organizations Enter a. Initiation fees and capital contributions included on line 9

39a. Gross receipts, included on line 9, for public use of club facilities

40a. 501(c)(3) Organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4954.

40b. 501(c)(3) and (4) Organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

40c. Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4956

40d. Enter amount of tax on line 40c, above, reimbursed by the organization

41. List the states with which a copy of this return is filed

42. The books are in care of

Jim Le Galley  Telephone no  (360) 647-7329
Location at  124 S. 44th St, Bellingham, WA. 98225 ZIP + 4

43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part V  Other Information

Please sign

Jim E. Le Galley

Treasurer

Signature

4-13-03

Preparer's Signature

Preparer's SSN or PTIN (See Gen. Instr. W)

EIN

Phone no.