EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

AF	or the	• 2022 calendar year, or tax year beginning and	ending				
B c	heck if pplicabl	c Name of organization		D Employer identified	cation number		
	Addre	e BIRES NOT BOMBS, INC					
	Name Chang			04-3138753			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return			617-522-	0222		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,762,026.		
	Amen	JAMAICA PLAIN, MA 02130		H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: LEE ARCHONG		for subordinates	? Yes X No		
	pendir		130	H(b) Are all subordinates in	cluded? Yes No		
<u> </u>]	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) d	or 📃 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption			
KF	orm of	organization: 🗴 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1992 N	State of legal domicile: MA		
Pa	nrt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: BIKES	S NOT	BOMBS USES 7	THE BICYCLE		
nce		AS A VEHICLE FOR SOCIAL CHANGE. THE ORGAN					
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.		
ovel	3	Number of voting members of the governing body (Part VI, line 1a)		3	13		
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13		
80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	78			
/itie		Total number of volunteers (estimate if necessary)		450			
Activities & Governance	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_ ◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ø	8	Contributions and grants (Part VIII, line 1h)		677,610.	2,209,401.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,189,170.	552,625.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,866,780.	2,762,026.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,180.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,009,314.	1,534,265.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 278,88	32.				
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		643,407.	996,405.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,671,901.	2,530,670.		
	19	Revenue less expenses. Subtract line 18 from line 12		194,879.	231,356.		
or			Be	ginning of Current Year	End of Year		
Assets Balanc	20	Total assets (Part X, line 16)		1,547,530.	2,105,723.		
t As	21	Total liabilities (Part X, line 26)		125,625.	452,462.		
Fund		Net assets or fund balances. Subtract line 21 from line 20		1,421,905.	1,653,261.		
Pa	nrt II	Signature Block					
Und	er nena	Ities of periury. I declare that I have examined this return, including accompanying schedules	and stateme	ents and to the best of my	knowledge and belief it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
Here	LEE ARCHUNG, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	KENNETH RAFFOL			self-employed P00045686
Preparer	Firm's name RAFFOL AND COMPAN	Y INC		Firm's EIN 47-1096596
Use Only	Firm's address 105 CHESTNUT ST	SUITE 11		
	NEEDHAM, MA 02492			Phone no. 781 - 444 - 4926
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) BIKES NOT BOMBS, INC 04-3138753 Page rt III Statement of Program Service Accomplishments
-	
4	
1	Briefly describe the organization's mission: BIKES NOT BOMBS USES THE BICYCLE AS A VEHICLE FOR SOCIAL CHANGE. THE
	ORGANIZATION RECLAIMS THOUSANDS OF BICYCLES EACH YEAR, AND CREATES
	LOCAL AND GLOBAL PROGRAMS THAT PROVIDE SKILL DEVELOPMENT, JOBS, AND
	SUSTAINABLE TRANSPORTATION.
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?
	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 \$763,898 •including grants of \$) (Revenue \$)
	VOCATIONAL TRAINING/BIKE SHOP: THE VOCATIONAL TRAINING/BIKE SHOP
	PROGRAM RECONDITIONS AND SELLS THE BIKES THAT THE ORGANIZATION
	RECEIVES, EMPLOYING MANY GRADUATES OF ITS PROGRAMS. THE SHOP'S PROFIT
	FROM THE BICYCLE SALES, PARTS SALES, AND REPAIRS GOES TOWARDS FUNDING
	THE ORGANIZATION'S YOUTH AND INTERNATIONAL WORK PROVIDING A RELIABLE
	AND
	SUSTAINABLE SOURCE OF EARNED INCOME. THE BIKE SHOP OFFERS FREE AND
	LOW-COST WORKSHOPS ON BICYCLE MAINTENANCE AND REPAIR, AND AN VOCATIONAL
	TRAINING PROGRAM FOR YOUNG APPRENTICES.
4b	(Code:) (Expenses \$ 253,353. including grants of \$) (Revenue \$
	EDUCATION AND OUTREACH: BIKE NOT BOMBS EDUCATION AND OUTREACH PROGRAM
	COORDINATES ALL OF THE ORGANIZATION'S COMMUNICATIONS WITH SUPPORTERS
	cooldining and of the olongitalition b comparisons with bolloning
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS.
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses \$ 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses §
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses)(Revenue s) (Revenue s) (Rev
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses) (Revenue \$) (Rev
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses)(Revenue \$) (Revenue \$) (Code:)(Expenses) (Revenue \$) (Revenue \$
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (code:)(Expenses 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES NOT BOMBS' YOUTH LEADERSHIP AND CYCLING PROGRAMS, WHICH TEACH MECHANICS AND SAFE URBAN RIDING, JOB SKILLS, AND ENVIRONMENTAL AND SOCIAL JUSTICE. BY PROVIDING QUALITY AFTER-SCHOOL PROGRAMMING TO YOUTH, BIKES NOT BOMBS ENGAGES DIRECTLY WITH THE YOUNG PEOPLE OF JAMAICA PLAIN, DORCHESTER, ROXBURY AND MATTAPAN. IN EARN-A-BIKE AND GIRLS IN ACTION, BIKES NOT BOMBS' FLAGSHIP OUT-OF-SCHOOL LEARNING AND EARNING PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses)(Revenue \$) (Revenue \$) (Code:)(Expenses) (Revenue \$) (Revenue \$
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (code:)(Expenses 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES NOT BOMBS' YOUTH LEADERSHIP AND CYCLING PROGRAMS, WHICH TEACH MECHANICS AND SAFE URBAN RIDING, JOB SKILLS, AND ENVIRONMENTAL AND SOCIAL JUSTICE. BY PROVIDING QUALITY AFTER-SCHOOL PROGRAMMING TO YOUTH, BIKES NOT BOMBS ENGAGES DIRECTLY WITH THE YOUNG PEOPLE OF JAMAICA PLAIN, DORCHESTER, ROXBURY AND MATTAPAN. IN EARN-A-BIKE AND GIRLS IN ACTION, BIKES NOT BOMBS' FLAGSHIP OUT-OF-SCHOOL LEARNING AND EARNING PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (code:)(Expenses 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES NOT BOMBS' YOUTH LEADERSHIP AND CYCLING PROGRAMS, WHICH TEACH MECHANICS AND SAFE URBAN RIDING, JOB SKILLS, AND ENVIRONMENTAL AND SOCIAL JUSTICE. BY PROVIDING QUALITY AFTER-SCHOOL PROGRAMMING TO YOUTH, BIKES NOT BOMBS ENGAGES DIRECTLY WITH THE YOUNG PEOPLE OF JAMAICA PLAIN, DORCHESTER, ROXBURY AND MATTAPAN. IN EARN-A-BIKE AND GIRLS IN ACTION, BIKES NOT BOMBS' FLAGSHIP OUT-OF-SCHOOL LEARNING AND EARNING PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (code:)(Expenses 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES NOT BOMBS' YOUTH LEADERSHIP AND CYCLING PROGRAMS, WHICH TEACH MECHANICS AND SAFE URBAN RIDING, JOB SKILLS, AND ENVIRONMENTAL AND SOCIAL JUSTICE. BY PROVIDING QUALITY AFTER-SCHOOL PROGRAMMING TO YOUTH, BIKES NOT BOMBS ENGAGES DIRECTLY WITH THE YOUNG PEOPLE OF JAMAICA PLAIN, DORCHESTER, ROXBURY AND MATTAPAN. IN EARN-A-BIKE AND GIRLS IN ACTION, BIKES NOT BOMBS' FLAGSHIP OUT-OF-SCHOOL LEARNING AND EARNING PROGRAMS
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (code:)(Expenses 737,027. including grants of \$) (Revenue \$) YOUTH PROGRAMS: MORE THAN 3,500 YOUNG PEOPLE HAVE PARTICIPATED IN BIKES NOT BOMBS' YOUTH LEADERSHIP AND CYCLING PROGRAMS, WHICH TEACH MECHANICS AND SAFE URBAN RIDING, JOB SKILLS, AND ENVIRONMENTAL AND SOCIAL JUSTICE. BY PROVIDING QUALITY AFTER-SCHOOL PROGRAMMING TO YOUTH, BIKES NOT BOMBS ENGAGES DIRECTLY WITH THE YOUNG PEOPLE OF JAMAICA PLAIN, DORCHESTER, ROXBURY AND MATTAPAN. IN EARN-A-BIKE AND GIRLS IN ACTION, BIKES NOT BOMBS' FLAGSHIP OUT-OF-SCHOOL LEARNING AND EARNING PROGRAMS
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses
4c	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses 737,027. including grants of s) (Revenue s) (Code:)(Expenses s)(Expenses 737,027. including grants of s) (Revenue s) (Code:)(Expenses s)(Expenses s)(Expenses s) (Revenue s) (Code:)(Expenses s)(Expenses s)(Expense s)(Expense s) (Revenue s)(Expense s
4d	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses)(Expense)(
	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses
4d 4e	AND VOLUNTEERS (MONTHLY E-NEWS, SOCIAL MEDIA, ETC.) AND ORGANIZES A NUMBER OF EVENTS AND PROGRAMS (INCLUDING THE ANNUAL BIKE-A-THON) THAT ENGAGE PEOPLE IN THEIR PROGRAMS. (Code:)(Expenses)(Expense)(Exp

Form	990	(2022)
	330	12022

 Form 990 (2022)
 BIKES NOT BOMBS, 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	~		Х
•	Schedule D, Part III	8		<u> </u>
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?	9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
N N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	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	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	0000	Х
232003	3 12-13-22	Form	990 (2022)

232003 12-13-22

11430508 163577 BNB

4

Form	990	(2022)
	330	

 Form 990 (2022)
 BIKES NOT BOMBS, INC

 Part IV
 Checklist of Required Schedules (continued)

' u	Continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>⊢</u> ^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	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)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in her 2 of Form 1000. Enter 0, if not evellegible		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
С		4-	Х	
0005	(gambling) winnings to prize winners?	1c		(2022)
232004	12-13-22 5	FOUL	550	(2022)

2022.05090 BIKES NOT BOMBS, INC

	990 (2022) BIKES NOT BOMBS, INC	04-3138	753	P	age 5
Par	t 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,			res	NO
24	filed for the calendar year ending with or within the year covered by this return	2a 78			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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	iccount)?	<u>4a</u>		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	. ,	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		50		
Ua			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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
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	as required			
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h		
8	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
	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:				
	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
47	If "Yes," complete Form 4720, Schedule O.	41			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active two under pacting 4051, 4052 or 40522		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		
232005	12-13-22		Form	990	(2022)
_02000	6		1 511		(-3)

11430508 163577 BNB

6				
2022.05090	BIKES	NOT	BOMBS,	INC

Form 990	(2022)
----------	--------

BIKES	NOT	BOMBS,	INC
-------	-----	--------	-----

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

Check if Schedule O contains a response or note to any line in this Part VI	
Check if Schedule O contains a response of hote to any line in this Fart 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 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	х	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		- 23	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>MA</u>			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	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			
	ELIJAH EVANS - 617-522-0222 24 AMORY STREET, JAMAICA PLAIN, MA 02130			
0005-		Form	900	(2022)
232006	5 12-13-22 7	FULL	550	(2022)

2022.05090 BIKES NOT BOMBS, INC

11430508	163577	BNB	

BIKES NOT BOMBS INC Form 990 (2022) 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	box	not c , unle:	(C) Position ot check more than one inless person is both an			n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated 1,1		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELIJAH EVANS	40.00									
EXECUTIVE DIRECTOR				X				101,910.	0.	7,059.
(2) PATRICK CUTRONA	2.00									
CLERK		х		X				0.	0.	0.
(3) LEE ARCHUNG	2.00									
TREASURER		Х		X				0.	0.	0.
(4) MARGARET EICHNER	2.00								•	0
DIRECTOR		Х						0.	0.	0.
(5) BETHANY MASHINI	2.00	77							0	0
DIRECTOR (6) ABIGAIL WERNER	2.00	Х						0.	0.	0.
BOARD VICE CHAIR	2.00	x		x				0.	0.	0.
(7) LUIS FERNANDEZ	2.00	^		<u> </u>				0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) MARK BURTON	2.00	21								
DIRECTOR		х						0.	0.	0.
(9) PETER CHEUNG	2.00									
DIRECTOR		х						0.	0.	0.
(10) THOMAS RODRIGUEZ	2.00									
DIRECTOR		х						0.	0.	0.
(11) JAMES NGUYEN	2.00									
BOARD CHAIR		х		x				0.	0.	0.
(12) SEAN HILDENBRANDT	2.00									
DIRECTOR		Х						0.	0.	0.
(13) LINA CANON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) ANDY MENDEZ	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
232007 12-13-22	1	I	1	I	 `	1		1		Form 990 (2022)

8

BNB 1

	990 (2022) BIKES NOT	BOMBS,	Ι	NC						04-313	8753 Pag	je 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	box offic	not cl , unles	ss per	ition more rson i) than c is both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated 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/ 1099-NEC)	organizations (W-2/1099-MISC, 1099-NEC)	compensatio from the organization and related organization	n d
1h	Subtotal								101,910.	(. 7,059	9.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.	C		0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable		1
3	Did the organization list any former officer,	-		•	•	-		Ŭ	• •	•		No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization		x x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	lual for services		x
Sec	tion B. Independent Contractors	-										_
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y	, 1		
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	to	thos C		ted	above) who received mo	ore than	F. 000 /	
											Form 990 (20	122)

232008 12-13-22

Form	1 99	0 (2	2022) BIKES NOT B	OM	BS, INC			04-3138	753 Page 9
Pa	rt V	/	Statement of Revenue						
			Check if Schedule O contains a respor	nse o	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S CO	1	2	Federated campaigns 1a						
ant	'								
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b Fundraising events 1c						
fts, r Ai		d	Related organizations 11						
, Gi Jila		e e	Government grants (contributions) 1e						
Sins			All other contributions, gifts, grants, and						
utic				2	209,401.				
trib Otl		a	Noncash contributions included in lines 1a-1f						
no' Du		9 h	Total. Add lines 1a-1f			2,209,401.			
0 0					Business Code				
	^	~	BIKE SHOP		900099	552,025.	552,025.		
vice	2	a b	PROGRAN FEES	_	900099	600.	600.		
Serv		c		_	500055				
m S nav		d		_					
gra Re				_					
Program Service Revenue		e f	All other program service revenue	—					
-						552,625.			
	3	g	Total. Add lines 2a-2f			552,025.			
	3								
	4		other similar amounts) Income from investment of tax-exempt bor						
	5		Royalties		(ii) Personal				
	_	_			(II) Fersonal	-			
	6		Gross rents 6a			-			
		b	Less: rental expenses 6b			-			
		c	Rental income or (loss) 6c						
	_	d	Net rental income or (loss)		(iii) Othor				
	7	а	Gross amount from sales of (i) Securiti	es	(ii) Other	-			
		_	assets other than inventory 7a			-			
•		b	Less: cost or other basis						
evenue			and sales expenses			-			
eve			Gain or (loss) 7c						
Ê			Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not						
Ò			including \$ of						
			contributions reported on line 1c). See						
			,	8a		-			
			Less: direct expenses	8b					
	_		Net income or (loss) from fundraising even	ts					
	9	а	Gross income from gaming activities. See						
		_		9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities	·					
	10	а	Gross sales of inventory, less returns						
				10a					
			J	10b					
		С	Net income or (loss) from sales of inventor	y					
S					Business Code				
eou	11			_					
lan		b		_					
Miscellaneous Revenue		С							
Mis		d	All other revenue						
_			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,762,026.	552,625.	0.	0.
23200	9 12-	-13-	22						Form 990 (2022)

BIKES NOT BOMBS, INC

232009 12-13-22

10

BNB____1

04-3138753 Page 9

	Check if Schedule O contains a respon			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	101,910.	4,382.	73,783.	23,745.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 1 0 0 0 0 0	1 000 000		
7	Other salaries and wages	1,193,927.	1,032,288.	29,884.	131,755.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.0 110			10 504
9	Other employee benefits	96,413.	75,202.	8,677.	12,534.
10	Payroll taxes	142,015.	107,931.	17,042.	17,042.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	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,	162 504	10 650	100 000	
	column (A), amount, list line 11g expenses on Sch 0.)	163,504.	17,653.	129,088.	16,763.
12	Advertising and promotion	7 (50	202	7 100	1
13	Office expenses	7,658.	383.	7,122.	153.
14	Information technology	79,519.	23,740.	22,739.	33,040.
15	Royalties	166 607	122 202	12 220	10 005
16		166,627.	133,302.	13,330.	19,995.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	18,543.	14,834.	1 /0/	2,225.
22	Depreciation, depletion, and amortization	40,779.	30,992.	<u> 1,484</u> . 5,301.	4,486.
23	Insurance	40,113.	50,334.	J, JUL •	4,400.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e avronees on Sets, column (A),				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES	316,837.	316,837.		
a b	FOOD	52,918.	46,030.	3,179.	3,709.
c b	TOOLS AND EQUIPMENT	36,112.	36,112.	0.	0.
d	OTHER LOSSES - DIVERSIO	17,355.		17,355.	5.
	All other expenses	96,553.	66,373.	16,745.	13,435.
25 25	Total functional expenses. Add lines 1 through 24e	2,530,670.	1,906,059.	345,729.	278,882.
26	Joint costs. Complete this line only if the organization	_,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	• • · · · · · · · · · · · · · · ·				

Form 990 (2022)

BIKES NOT BOMBS, INC 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)

Page 10 04-3138753

232010 12-13-22

Form 990 (2022) BNB_

1

Form 990 (2022)

Part X Balance Sheet

BIKES NOT BOMBS, INC

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

			<u>o to airj n</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,124,492.	1	1,076,030.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			294,805.	3	487,555.
	4	Accounts receivable, net			4,794.	4	52,367.
	5	Loans and other receivables from any current or	former of	fficer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	l in sectio	n 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			47,177.	8	185,578.
Ä	9	_			5,440.	9	15,110.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		399,851. 363,059.			
	b	Less: accumulated depreciation	10b	363,059.	48,994.	10c	36,792.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets		·····		14	
	15	Other assets. See Part IV, line 11			21,828.	15	252,291.
	16	Total assets. Add lines 1 through 15 (must equa			1,547,530.	16	2,105,723.
	17	Accounts payable and accrued expenses			125,625.	17	152,017.
	18	Grants payable			0	18	66.000
	19	Deferred revenue	0.	19	66,293.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Liat		controlled entity or family member of any of thes		F		22	
_	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23		
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines					
		of O also alsola D			0.	25	234,152.
	26	Total lighting Add lines 17 through OF		Γ	125,625.	26	452,462.
	20	Organizations that follow FASB ASC 958, che		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				574,166.	27	572,116.
Bal	28	Net assets with donor restrictions	847,739.	28	572,116. 1,081,145.		
pu		Organizations that do not follow FASB ASC 9					
Ŀ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated ind	come, or	other funds		31	
Net	32	Total net assets or fund balances			1,421,905.	32	1,653,261.
	33	Total liabilities and net assets/fund balances			1,547,530.	33	2,105,723.

04-3138753 Page 11

Form 990 (2022)

Form	BIKES NOT BOMBS, INC 0	4-3138753	Pag	_{ge} 12
Pa	rt XI 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)			
2	Total expenses (must equal Part IX, column (A), line 25)			
3	Revenue less expenses. Subtract line 2 from line 1		1,35	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,42	1,90)5.
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities6			
7	Investment expenses7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	1,65	3,26	51.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	T		X
			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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	<u>2</u> a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	1		
	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?		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas	is,		
	consolidated basis, or both:			
	X 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 the auc			
	review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule	÷O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Т

Name of the organization

Nam	e of t	he organization							identification number
_		BIKE	S NOT BOMBS	S, INC				0	4-3138753
Par	tI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative							
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				.,		
7		An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
40	v	university:		No. 00 1/00/					1
10	Δ	An organization that norma							
		activities related to its exem							
		income and unrelated busir See section 509(a)(2). (Cor		(less section 511 tax) no	in pusines	ses acqui	red by the org	anization a	inter Julie 30, 1975.
11		An organization organized a		volv to tost for public sat	foty Soo	soction 50	0(a)(4)		
12		An organization organized a	-	•	•			rny out the	nurnoses of one or
12		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
		the supported organization	-	-	• • • •	-			
		organization. You must o							
b		Type II. A supporting org	-		ion with it:	s supporte	d organizatio	n(s), by hay	rina
		control or management o	-				-		-
		organization(s). You mus						5	
с		Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	reness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) Is the orga	pization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of	3	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota									<u> </u>

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
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							
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.							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi		•					
	Public support percentage for 2022 (I					14	%	
	Public support percentage from 2021					15	%	
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies		-					
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact			-	-	VI how the organiz	zation	
	meets the facts-and-circumstances te	-	-					
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th							
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization							

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

Schedule A (Form 990) 2022

232022 12-09-22

BNB____1

Schedule A (Form 990) 2022

Section A. Public Support

BIKES NOT BOMBS, INC

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.)

BIKES	NOT	BOMBS,	INC

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1.	610,373.	619,620.	661,780.	2210001.	4101775.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
~	• • …	1.	610,373.	619,620.	661,780.	2210001.	4101775.
	Total. Add lines 1 through 5	±•	010,373.	019,020.	001,700.	2210001.	4101//5.
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						4101775.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1.	610,373.	619,620.	661,780.	2210001.	4101775.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)	1.	610,373.	619,620.	661,780.	2210001.	4101775.
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatic	on,
	check this box and stop here	•					
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins		
23202	23 12-09-22		16			Schedule A	(Form 990) 2022
			10				

BIKES NOT BOMBS, INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

17

232024 12-09-22

2022.05090 BIKES NOT BOMBS, INC

Part IV Supporting Organiza	ations (ac	ntinua	J)
Schedule A (Form 990) 2022	BIKES	NOT	BOMBS

1

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
k	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Se	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		
Se	tion C. Type II Supporting Organizations			
			Yes	No

INC

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

	Section D.	All Type III S	upporting	Organizations
--	------------	----------------	-----------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization use	d to satisfy the Integral Part	• Test during the vear	(see instructions).
	CHECK THE DOX HEXT TO THE HIELHOU	li lat ti le ol gallization use	u lu salisiy liit iiileyiai raii		1000 1101 00101

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supporte	d a governmental entity	. Describe in Part VI how	you supported a	governmental entity	, (see instruction <u>s).</u>
---	--	---------------------------	-------------------------	---------------------------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

11430508 163577 BNB

18

2022.05090 BIKES NOT BOMBS, INC

BNB 1

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sect	ion 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	ion 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):			
а	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	anization (see

BIKES NOT BOMBS, INC

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

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

04-3138753 Page 6

232026 12-09-22

11430508 163577 BNB

Schedule A (Form 990) 2022 20 2022.05090 BIKES NOT BOMBS, INC

Pa	Type in Non-Functionally integrated 509	a)(3) Supporting Orga	mzations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
B	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
)	Line 8 amount divided by line 9 amount			10	
ect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
}	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
1	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
;	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
,	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
3	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

	(Form 990) 2022	BIKES NOT						04-313875	
art VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, 5), lines 2 and 3; Part I\	a, 6, 9a, 9b, 9 /, Section E, li	c, 11a, 11b, and nes 1c, 2a, 2b, 3	11c; Part IV, a, and 3b; P	, Section art V, lin	B, lines 1 a e 1; Part V, :	nd 2; Part IV, Secti Section B, line 1e; I	on C,
	(See instructions.)								
								Cabadula A /E	
28 12-09-2				21				Schedule A (Forn	1 990) 2022
508	163577 BNB		20	22.05090	BIKES	NOT	BOMBS	. INC	BNB

11430508 163577 BNB

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Internal nevenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

04-3138753

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

INC

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

BIKES NOT BOMBS,

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the set of the parts unless to the set of the

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

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

Schedule B (Form 990) (2022)

BIKES NOT BOMBS, INC

Name of organization

Employer identification number

Page 2

04-3138753

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BARR FUNDATION X Person Payroll TWO ATLANTIC AVENUE 280,000. Noncash (Complete Part II for BOSTON, MA 02110 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 CITY OF BOSTON DEPT. OF ENVIRONMENT X Person Payroll BOSTON CITY HALL ROOM 7091 160,728. Noncash \$ (Complete Part II for BOSTON, MA 02201 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 BOSTON PUBLIC HEALTH COMMISSION X Person Payroll 1010 MASSACHUSETTS AVENUE 2ND FLOOR 50,000. Noncash \$ (Complete Part II for BOSTON, MA 02118 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 COMMON STREAM INC. X Person Payroll Noncash P.O. BOX 300757 30,000. \$ (Complete Part II for JAMAICA PLAIN, MA 02130 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 NBT II FOUNDATION X Person C/O NICHOLS AND PRATT 50 CONGRESS Payroll STREET 25,000. Noncash (Complete Part II for BOSTON, MA 02109 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 SOCIAL VENTURE PARTNERS X Person Payroll 18,750. 71 COMMERCIAL STREET SUITE 139 Noncash \$ (Complete Part II for BOSTON, MA 02109 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23

23

2022.05090 BIKES NOT BOMBS,

BNB

1

INC

Schedule B (Form 990) (2022)

BIKES NOT BOMBS, INC

Name of organization

Employer identification number

04-3138753

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ANNA B. STEARNS CHARITABLE FOUNDATION C/O GMA FOUNDATION 2 LIBERTY SQUARE BOSTON, MA 02109	\$10,000.	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
8	TUFTS MEDICAL CENTER 800 WASHINGON STREET BOSTON, MA 02111	\$10,000.	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.)
(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
223452 11-1		\$	Person Payroll Occupied Part II for noncash contributions.)
220-102 11-16	24		

BNB____1

2022.05090 BIKES NOT BOMBS, INC

11430508 163577 BNB

Name of organization

Page 3
Employer identification number

04 - 3138753

BIKES NOT BOMBS, INC

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
		\$	
(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

11430508 163577 BNB

2022.05090 BIKES NOT BOMBS, INC

25

Name of o	rganization		Employer identification number		
RTKES	NOT BOMBS, INC		04-3138753		
Part III	Exclusively religious, charitable, etc., contributi) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(2)1 alpece of girt				
-		(e) Transfer of gif	 t		
-	Transferee's name, address, a	nd 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	(b) r ui pose or girt	(c) 03e 01 ynt			
-		(e) Transfer of gif	[
	Transferee's name, address, a 	nd 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		
		(a) Transfer of sife			
-	Transferee's name, address, a	(e) Transfer of gif	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		
-		t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
23454 11-15	5-22		Schedule B (Form 990) (202		

26 2022.05090 BIKES NOT BOMBS, INC

SCHEDUI	LED	Supplementa				OMB No. 1545-0047
(Form 990)		Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Y , 11a, 11b, 11c, 11d, 1			2022
Department of the Tr nternal Revenue Ser	reasury		ttach to Form 990.			Open to Public Inspection
lame of the o	rganization	_				ployer identification number
Part I 0		S NOT BOMBS, II ntaining Donor Advise		Similar Fund	ds or Accou	04-3138753
		es" on Form 990, Part IV, lin				
			(a) Donor advi	sed funds	(b) Fur	nds and other accounts
1 Total nun	nber at end of year					
2 Aggregat	te value of contributions	to (during year)				
3 Aggregat	te value of grants from (o	during year)				
	-	onors and donor advisors in v	-			
		subject to the organization's				Yes No
	•	rantees, donors, and donor a		5		
		for the benefit of the donor o	,		0	
		ments. Complete if the org				
		ments held by the organization			,, . ,	
		Iblic use (for example, recrea	· · · · · ·	<i>,</i>	n of a historically	important land area
Pro	otection of natural habita	at	, E	Preservation	n of a certified hi	istoric structure
Pre	eservation of open space	e				
2 Complete	e lines 2a through 2d if t	the organization held a qualif	ied conservation contr	ibution in the for	rm of a conserva	ation easement on the last
day of the	e tax year.					Held at the End of the Tax Yea
a Total nun	mber of conservation eas	sements			2a	
b Total acro	eage restricted by conse	ervation easements			2 b	
c Number of	of conservation easeme	ents on a certified historic stru	ucture included in (a)		2c	
		ents included in (c) acquired a				
		tional Register				
		ents modified, transferred, rel	eased, extinguished, o	r terminated by	the organization	during the tax
· <u> </u>	- (. .		and the law set of			
		y subject to conservation eas		ation bondling		
	-	itten policy regarding the per ne conservation easements it				Yes No
	,	ed to monitoring, inspecting,			onservation ease	
U Otali and		sa to monitoring, inspecting,	nandling of violations,		onservation case	chiefts during the year
7 Amount of	of expenses incurred in I	monitoring, inspecting, hanc	lling of violations, and e	enforcina conse	rvation easemen	its during the year
, another		monitoring, inopooting, name		sinereing concer		to during the your
8 Does eac	ch conservation easeme	ent reported on line 2(d) abov	e satisfy the requireme	ents of section 1	70(h)(4)(B)(i)	
						Yes 📃 No
		anization reports conservation				
balance s	sheet, and include, if app	plicable, the text of the footr	note to the organization	n's financial state	ements that deso	cribes the
	tion's accounting for cor					
	-	ntaining Collections of	-	easures, or	Other Simila	ir Assets.
Co	omplete if the organizati	ion answered "Yes" on Form	990, Part IV, line 8.			
0	· ·	ermitted under FASB ASC 95				
-		er similar assets held for put				public
		ext of the footnote to its finar				huundun of
•	· ·	ermitted under FASB ASC 95	•			
	•	similar assets held for public	exhibition, education,	or research in fu	uniterance of pu	iblic Service,
	he following amounts re					¢
		990, Part VIII, line 1), Part X				\$\$
		eld works of art, historical tre				
•		o be reported under FASB A			siai gain, providi	-
	•	Part VIII, line 1	-			\$
		Int X				\$
		Notice, see the Instructions				Schedule D (Form 990) 202
2051 09-01-22						- (* · · · · · · · · · · · · · · · · · · ·
			27			
			47			

Sche		OT BOMBS, I						04-31			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, or	^r Other	r Similaı	⁻ Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	ollowing that	make si	gnificant ι	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	e 🗌 Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	e organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	rical treas	ures, or othe	er similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	le:							
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •	∟	Yes		J No ⊓
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
1 4		(a) Current year	(b) Pric		(c) Two year		(d) Three y	ears hack	(e) Four	vears	hack
10	Paginning of year balance	(a) Guirent year		n year		3 DUCK				yours	buok
1a ⊾	Beginning of year balance										
u o	Contributions										
ט א	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	l e (line 1 a d	column (a)) held as:						
a	Board designated or quasi-endowment		%	olanni (a)	/ 11010 00.						
b	Permanent endowment	%									
c		%									
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation that a	re held an	d administer	ed for th	е				
	organization by:	C C							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fun	ds.							
Pa	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis		• •	ccumulate preciation	d	(d) Bool	k value	Э
1a	Land										
b	Buildings										
с	Leasehold improvements				5,370.		342,04			3,32	
	Equipment				9,646.		3,64			5,00	
	Other			2	4,835.		17,3	71.		7,40	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(<u>B). line 1</u> ()c.)				36	5,79	92.

Schedule D (Form 990) 2022

Schedule E) (Form 990) 2022	BIKES	NOT	BOMBS,	INC

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value						
(1) Financial derivatives								
(2) Closely held equity interests								
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (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 X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	7,255.
(2) RIGHT OF USE ASSET, NET	245,036.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	252,291.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

1. (a) Description	of liability	(b) Book value
(1) Federal income taxes		
(2) LEASE LIABILITY		234,152.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, F	Part X, col. (B) line 25.)	234,152.

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

Schedule D (Form 990) 2022

232053 09-01-22

1

Sche	dule D (Form 990) 2022 BIKES NOT BOMBS, INC	04-2	04-3138753 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,884,526.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	122,500.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	122,500.
3	Subtract line 2e from line 1			3	2,762,026.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,762,026.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per l	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			, ,	0 (50 150
1	Total expenses and losses per audited financial statements			1	2,653,170.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		122,500.	-	
b	Prior year adjustments			-	
С	Other losses	2c		-	
d	Other (Describe in Part XIII.)				100 500
е	Add lines 2a through 2d			2e	122,500.
3	Subtract line 2e from line 1			3	2,530,670.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,530,670.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.						
Department of the Treasury			Attach to Form 990.			Open to Public	
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	information.		Inspection	
Name of the organization					Employer	identification number	
BIKES NOT BOMB	S, INC	04-31	38753				
Part I General Inf	ormation on A	ctivities Out	side the United States. Compl	ete if the organ	nization answ	vered "Yes" on	
Form 990, Par	t IV, line 14b.						
-	-		ds to substantiate the amount of its gra he selection criteria used to award the			X Yes No	
United States.			procedures for monitoring the use of its	C C	her assistan	ce outside the	
			n be duplicated if additional space is r				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, expenditures for and investments	
SUB-SAHARAN AFRICA	0	0	APPRENTICESHIP	BICYCLES AE	ND REPAIR	12,618.	
3 a Subtotal	0	0				12,618.	
b Total from continuation sheets to Part I	n	0				0.	
c Totals (add lines 3a and 3b)	. 0	0				12,618.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

OMB No. 1545-0047

232071 10-17-22

(b) IRS code section

and EIN (if applicable)

Schedule F (Form 990) 2022

(a) Name of organization

Part II

1

()	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)		
			TECHNICAL ASSISTANCE	Ο.	SHIPPED ITEMS	12,618.	BICYCLES	FMV		
			ecognized as charities by the f		in alana (lattar	•				
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities									

(d) Purpose of

grant

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

(e) Amount

(f) Manner of

of cash grant cash disbursement

(g) Amount of

noncash

(h) Description

of noncash

Schedule F (Form 990) 2022

(i) Method of

valuation (book, FMV,

BIKES NOT BOMBS, INC Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

Fart in can be duplicated if at	Jullional space is needed	J.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

04-3138753

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

232075 10-17-22	Schedule F (Form 990) 202
	35 2022.05090 BIKES NOT BOMBS, INC BNB_

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



BIKES NOT BOMBS, INC

Employer identification number 04 - 3138753

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

OF BICYCLES EACH YEAR, AND CREATES LOCAL AND GLOBAL PROGRAMS THAT

PROVIDE SKILL DEVELOPMENT, JOBS, AND SUSTAINABLE TRANSPORTATION.

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

BIKE COLLECTION: OUR PROGRAMS START WITH OUR BIKE COLLECTIONS. WE

COLLECT AROUND 5,000 BIKES EACH YEAR ALL OF WHICH ARE SORTED,

FLATTENED, AND INVENTORIED BY OUR YOUTH AND VOLUNTEERS.

INTERNATIONAL PROGRAMS: BIKES NOT BOMBS COLLECTS EACH YEAR AND SHIPS

THE MAJORITY TO ITS INTERNATIONAL PARTNERS AND PROVIDES SUPPLIES AND

TECHNICAL ASSISTANCE THROUGH ITS INTERNATIONAL PROGRAMS IN AFRICA,

LATIN AMERICA, AND THE CARIBBEAN.

EXPENSES \$ 151,781. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 5:

THE ORGANIZATION SUSTAINED A LOSS FROM A DIVERSION OF FUNDS ESTIMATED AT \$17,355. MANAGEMENT HAS MADE SEVERAL CHANGES TO THEIR FINANCIAL SYSTEMS AND RELATED INTERNAL CONTROLS SUBSEQUENT TO THE DISCOVERY OF THESE EVENTS. AN OUTSIDE FINANCIAL CONSULTANT WAS HIRED TO REVIEW AND RECOMMEND CHANGES TO THE SYSTEM WHICH MANAGEMENT IS IMPLEMENTING. THE ORGANIZATION ALSO HIRED A DEPUTY DIRECTOR WHO DOES AN INDEPENDENT REVIEW OF ALL CREDIT CARD AND BANK STATEMENTS ON A MONTHLY BASIS.

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

 ORGANIZATION'S
 PROCESS
 TO
 REVIEW
 FORM
 990
 THE
 FORM
 990
 IS
 REVIEWED
 BY
 THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form
 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 202
 202

36

2022.05090 BIKES NOT BOMBS, INC

BNB

1

Schedule O (Form 990) 2022 Page 2								
Name of the organization BIKES NOT BOMBS, INC	Employer identification number 04-3138753							
ORGANIZATION EXECUTIVE DIRECTOR, TREASURER, AND FINANCE CO	MMITTEE PRIOR TO							

FINAL APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY BY REQUIRING ALL DIRECTORS AND OFFICERS TO AFFIRMATIVELY DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE. IF AN INDIVIDUAL ON THE BOARD HAS A CONFLICT OF INTEREST, THAT INDIVIDUAL MUST ABSTAIN FROM VOTING ON ANY MATTERS RELATED TO THAT CONFLICT. IN ANY MATTER THAT WOULD RESULT IN A CONFLICT OF INTEREST, SUCH INDIVIDUALS IS NOT PERMITTED TO FACTOR IN THE DECISION-MAKING PROCESS. BOARD MEMBERS MUST DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD ANNUALLY REVIEWS THE

COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES BASED ON

PERFORMANCE AND THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS OF THE

ORGANIZATION ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS AND TAX

RETURNS ARE ALSO AVAILABLE VIA INDEPENDENT THIRD PARTY WEBSITES.

FORM 990, SECTION A, LINE 5

OTHER LOSSES:

THE ORGANIZATION SUSTAINED A LOSS FROM A DIVERSION OF FUNDS ESTIMATED

AT \$17,355. MANAGEMENT HAS MADE SEVERAL CHANGES TO THEIR FINANCIAL

SYSTEMS AND RELATED INTERNAL CONTROLS SUBSEQUENT TO THE DISCOVERY OF
232212 10-28-22
Schedule O (Form 990) 2022

37

Schedule O (Form 990) 2022 Name of the organization BIKES NOT BOMBS, INC	Page Employer identification numbe 04-3138753
THESE EVENTS. AN OUTSIDE FINANCIAL CONSULTANT WAS HIRED TO	•
RECOMMEND CHANGES TO THE SYSTEM WHICH MANAGEMENT IS IMPLEM	
ORGANIZATION ALSO HIRED A DEPUTY DIRECTOR WHO DOES AN INDE	
REVIEW OF ALL CREDIT CARD AND BANK STATEMENTS ON A MONTHLY	
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PREVIOUS YEAR.	
232212 10-28-22	Schedule O (Form 990) 202
38 30508 163577 BNB 2022.05090 BIKES NOT BO	MBS, INC BNB

___1