

Filing Instructions

Bicycle Alliance of Minnesota

Minnesota Annual Report

Taxable Year Ended December 31, 2023

Date Due: November 15, 2024

Remittance: The filing fee for the tax year ended 12/31/23 is \$25. Include a check payable to the State of Minnesota and write "E.I.N. 41-1719332, for the year ended 12/31/23 " on the check.

Mail To: Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Signature: The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization BICYCLE ALLIANCE OF MINNESOTA

Federal EIN: 41-1719332 **Fiscal Year-End:** 12/31/2023
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:	Physical Address:
<u>MICHAEL WOJCIK</u> Contact Person	<u>MICHAEL WOJCIK</u> Contact Person
<u>3745 MINNEHAHA AVE</u> Street Address	<u>3745 MINNEHAHA AVE</u> Street Address
<u>MINNEAPOLIS MN 55406</u> City, State, and Zip Code	<u>MINNEAPOLIS MN 55406</u> City, State, and Zip Code
<u>651-387-2445</u> Phone Number	<u>651-387-2445</u> Phone Number
<u>MICHAEL@BIKEMN.ORG</u> Email Address	<u>MICHAEL@BIKEMN.ORG</u> Email Address

1. Organization's website: WWW.BIKEMN.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

_____ Alternate Former
_____ Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
BIKE MN

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 413,614

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

BICYCLE ALLIANCE OF MINNESOTA

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**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?

Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser

Compensation

Street Address

City, State, and Zip Code

10. Is the organization a food shelf? Yes No

If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

BICYCLE ALLIANCE OF MINNESOTA

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**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

BREMER BANK

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	0 5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	0 10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	0 14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	0 18

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

\$ _____ 0

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the EXECUTIVE DIRECTOR (Title) and CHAIR (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20____, approving the contents of the document, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

MICHAEL WOJCIK
Name (Print)

ANDY LAMBERT
Name (Print)

Signature

Signature

EXECUTIVE DIRECTOR
Title

CHAIR
Title

Date

Date

Minnesota Statements**Statement 1 - Charitable Organization, Page 2, Line 12 - Board of Directors Information**

Name	Address			Compensation
	City	State	Zip	
DORIAN GRILLEY	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	\$ 61,500
PAUL ACITO	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
BOB BIERSHIED	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
RACHEL CALLANAN	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
JULIA EAGLES	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
LUKE EWALD	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
MARIO HERNANDEZ	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
STEPH JACOBS	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
VERONICA JARALAMBIDES	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
DINA KHALED	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
ANDY LAMBERT	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
REYNA LOPEZ	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
TOM STEEN	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
KIM STRUK	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
CHARLES TOWNSEND	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
RACHEL WEIKER	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	
CINDY WINTERS	3745 MINNEHAHA AVE MINNEAPOLIS	MN	55406	