Form **990-EZ**

Short Form **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Α	For the 2	2015 calenda	r year, or tax year beginning	, 2015, and	l ending		, 2	0
В	Check if ap	pplicable:	C Name of organization			D Employ	er identifica	ation number
	Address ch	hange	IDAHO WALK BIKE ALLIANCE			27-	1334849	
	Name char	nge	Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telepho	one number	
	Initial return	'n						
	Final return	n/terminated	PO BOX 1594					
	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code			F Group I	Exemption	
	Application	n pending	BOISE, ID 83701-1594			Numbe	r >	
G	Accounti	ing Method:			Н	Check ► [if the org	ganization is not
ı	Website	e: ► www.	IDAHOPEDBIKE.ORG			required to	attach Sched	lule B
J	Tax-exe	empt status (check only one) - 501(c)(3) 501(c)() (insert no.)	4947(a)(1) oi	527	(Form 990,	990-EZ, or 9	90-PF).
K	Form of	organization:	☐ Corporation ☐ Trust ☐ Association	Other				
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$20	00,000 or m	nore, or if total	assets		
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ				. ▶ \$	79,708
	art I		e, Expenses, and Changes in Net Assets or Fur					
			the organization used Schedule O to respond to any que					
	1		s, gifts, grants, and similar amounts received				1	71,941
	2		vice revenue including government fees and contracts				2	
	3	•	dues and assessments				3	
	4	Investment in					4	
	5a		nt from sale of assets other than inventory	1	1			
			other basis and sales expenses					
			s) from sale of assets other than inventory (Subtract line 5b from				5c	
		Gaming and						
		_						
Ð	a		e from gaming (attach Schedule G if greater than	6a	1			
Revenue	h	. , ,	e from fundraising events (not including \$	<u>Ua</u>	of contributio	ne		
Še	5		sing events reported on line 1) (attach Schedule G if the		OI COI III IDUIIO	115		
_			gross income and contributions exceeds \$15,000)	66	1	7 767		
						7,767		
					root	2,783		
	a		or (loss) from gaming and fundraising events (add lines 6a and 6	od and Subli	acı		Cal	4 004
	7-	,		7-			6d	4,984
			of inventory, less returns and allowances	_				
		Less: cost of					_	
		•	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8		ue (describe in Schedule O)				8	
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	76,925
	10		similar amounts paid (list in Schedule O)			• • • • • •	10	
	11	•	d to or for members				11	
S	12		er compensation, and employee benefits				12	72,473
nse	13						13	2,431
Expenses	14		rent, utilities, and maintenance				14	4,561
Ш	15		lications, postage, and shipping				15	1,969
	16		ses (describe in Schedule O)				16	8,804
	17		ses. Add lines 10 through 16				17	90,238
,,	18		, , , ,				18	(13,313)
Net Assets	19	Net assets of	r fund balances at beginning of year (from line 27, column (A)) (must agree	with			
As		-	figure reported on prior year's return)				19	147,774
ě	20	Other chang	es in net assets or fund balances (explain in Schedule O) .				20	
_	21	Net assets of	r fund balances at end of year. Combine lines 18 through 20	<u></u> .	<u></u> .	≻ _	21	134,461

For	m 990-EZ (2015) IDAHO WALK BIKE ALLIANCE	S			27-1	13348	349 Page 2
P	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond to	any question in this Pa	rt II				
	· · · · · · · · · · · · · · · · · · ·			(A) Be	ginning of year		(B) End of year
22	Cash, savings, and investments				147,455	22	134,142
23	Land and buildings		[319	23	319
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[147,774	25	134,461
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)	[147,774	27	134,461
	art III Statement of Program Service Accomplis	,		art III)	•		
	Check if the organization used Schedule O to respond to	,					Expenses
Wh	at is the organization's primary exempt purpose? PROMOTE WAI			!		(Req	uired for section
Des	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program title	n of its three largest pro	gram services				c)(3) and 501(c)(4) nizations; optional for rs.)
28	USE VARIOUS PROMOTIONAL AVENUES TO PROMOTE	WALKING, BICY	LING				
	AND OTHER FORMS OF HUMAN-POWERED TRANSPORT	ATION AS HEALT	HY,				
	SUSTAINABLE, RELIABLE AND VIABLE OPTIONS F	OR ALL IDAHOAN	s.				
	(Grants \$ 57,000) If this amount inc	cludes foreign grants, ch	neck here .		▶ 📙	28a	90,238
29							
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here .		▶ 🗌	29a	
30							
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here .		▶ 🗍	30a	
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount inc	cludes foreign grants, ch	neck here .		▶ 🔲	31a	
32	Total program service expenses (add lines 28a through 31a)					32	90,238
P	art IV List of Officers, Directors, Trustees, and Key Emplo	yees (list each one ev	en if not com	pensate	ed - see the inst	ructio	ns for Part IV)
	Check if the organization used Schedule O to respond to	o any question in this P	art IV				
	·	(h) Augrege	(c) Reportab	le	(d) Health benefits	i,	
	(a) Name and title	(b) Average hours per week	compensatio		contributions to emp	· 1	(e) Estimated amount of
	•	devoted to position	(Forms W-2/1099 (if not paid, en	/	benefit plans, and deferred compensa		other compensation
CY	NTHIA GIBSON		(or para; or.		deterred compenses		
	ECUTIVE DIRECTOR	30.00	52	2,870	3.	425	0
	LLY O'REILLY						
	ESIDENT	20.00		0		o	0
	RY SEGERS	20.00				Ť	
	CE PRESIDENT	10.00		0		o	0
	RIS STALEY	10.00				Ť	
		10.00		0		o	0
	CRETARY	10.00		U		- 4	0
	ORGE KNIGHT	F 00		•			0
	EASURER	5.00		0		0	0
	UG EASTWOOD	F 00		_			^
	RECTOR	5.00		0	1	0	0
	RA LOCKEN			_			_
	RECTOR	5.00		0		0	0
	r riceci						_
	RECTOR	5.00		0		0	0
BR:	ETT TINKER						

10.00

5.00

5.00

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DIRECTOR

DIRECTOR

RACHEL LAYMAN DIRECTOR

NIKI RICHARDS

Form	990-EZ (2015) IDAHO WALK BIKE ALLIANCE 27-1334	849	F	Page
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	<u> </u>	. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-	<u> </u>	
00 u	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
h	· · · · · · · · · · · · · · · · · · ·	35b	\vdash	- 22
b		330	\vdash	-
С		05-		37
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	\vdash	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	_	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	7		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
_		400		
С				
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	\perp	X
41	List the states with which a copy of this return is filed ID			
42 a	The organization's books are in care of ▶ BARB MCGANN Telephone no. ▶ 208-2	286-7	279	
	Located at ▶ 9201 GRANDMASON PL, EAGLE, ID ZIP+4 ▶ 83616	5		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
•	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here			. Г
-10				
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vac	Nic
4.4	Did the consciention resistain and described for the desired the constant IC 1000 and C		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			77
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	T	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х

the conditions for public office? "Twest complete Schedule C. Part I 46 X X										Yes	No
Part VI Section 501(c)(3) organizations only	46	Did the	organization engage, directly or indirectly, in	political campaign activi	ties on behalf of or in op	position					
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51, Check if the organization used Schedule O to respond to any question in this Part VI 75 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 76 year? If "Yes," complete Schedule C, Part II 77 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 77 year? If "Yes," complete Schedule C, Part II 78 Is the organization as accordance of an exempt non-charitable related organization? 78 Is the organization as decine as organization? 79 If "Yes," complete Schedule E 70 If "Yes," was the related organization as ection 527 organization? 70 If "Yes," was the related organization as accine 527 organization? 70 If "Yes," was the related organization as accine 527 organization? 80 If "Yes," was the related organization as accine 527 organization? 90 Alexander organization and the highest compensated employees (after than offices, directors, trustees and team." Years. 91 Alexander of the schedule A include the schedule organization organization organization organization. 92 Alexander organization organization organization organization organization. 93 Alexander organization organization organization organization. 94 Alexander organization organization organization organization. 95 Alexander organization organization organization organization. 95 Alexander organization organization organization. 95 Alexander organization organization organization. 96 Alexander organization organization. 97 Alexander organization organization organization. 98 Alexander organization organization. 99 Alexander of the organization organization organization. 99 Alexander organization organization. 90 Alexander organization organizatio			idates for public office? If "Yes," complete S	chedule C, Part I .					46		Х
So and 51. Check if the organization used Schedule O to respond to any question in this Part VI The organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II The the organization activates a school as described in section 170(h)(1)(A)(f)? If "Yes," complete Schedule E 48	Par										
Check if the organization used Schedule O to respond to any question in this Part VI Vest No.				must answer questi	ons 47-49b and 52,	and comp	olete the ta	ables	for lir	nes	
Vest No.											
d Total number of other emptyyees paid over \$100,000		-	Check if the organization used Sch	edule O to respond	to any question in t	his Part V	<u> </u>				. 🗌
Section Sect										Yes	No
## It be organization as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E ## 249	47	Did the	organization engage in lobbying activities o	r have a section 501(h) e	lection in effect during th	e tax					
49a Did the organization make any transfers to an exempt non-charitable related organization? 49b		year? If	"Yes," complete Schedule C, Part II						47		X
b If "Yes," was the related organization a section \$27 organization? Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and little of each employee (b) Average hours prevent development of the prevent of the prevent of the organization is five highest compensation (Forms W 271099 MISC) (b) Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (c) Complete this table for the organizations. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (c) Compensation (d) Estanded amount of other compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (f) Total number of other independent contractors each receiving over \$100,000 (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (g) Name and business address of each independent contractors (h) Type of each received more than \$100,000 the prevent of the prevent	48	Is the o	rganization a school as described in section	170(b)(1)(A)(ii)? If "Yes,"	" complete Schedule E				48		Х
Total number of other employees paid over \$100,000	49a	Did the	organization make any transfers to an exem	npt non-charitable related	organization?				49a		Х
employees) who each received more than \$100,000 of compensation from the organization. If there is none, extend the protection of the property of the protection of the protec	b	If "Yes,	was the related organization a section 527	organization?					49b		
employees) who each received more than \$100,000 of compensation from the organization. If there is none, extend the protection of the property of the protection of the protec	50	Comple	te this table for the organization's five highes	t compensated employees	s (other than officers, dire	ectors, trustee	es and key				
(a) Name and title of each employee bounds per week downed by position (commentation) (commentat							-				
(a) Name and title of each engloyee		, ,	,								
d Total number of other employees paid over \$100,000 ▶ 1 Total number of other employees paid over \$100,000			(a) Name and title of each employee	. ,	',' '						
f Total number of other employees paid over \$100,000			(4)	· ·					otner con	npensat	ion
f Total number of other employees paid over \$100,000											
f Total number of other employees paid over \$100,000	NT () NT	.									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Completed Schedule A Ves. Note. All section 501(c)(3) organizations must attach a complete of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. CYNTHIA GIBSON Signature of officer CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparers name Barbara J McGann CPA	NON	<u> </u>									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Completed Schedule A Ves. Note. All section 501(c)(3) organizations must attach a complete of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. CYNTHIA GIBSON Signature of officer CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparers name Barbara J McGann CPA											
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A Completed Schedule A Ves. Note. All section 501(c)(3) organizations must attach a complete of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. CYNTHIA GIBSON Signature of officer CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparers name Barbara J McGann CPA											
\$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 business but the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	f	Total nu	umber of other employees paid over \$100,00	00▶		_					
d Total number of other independent contractors each receiving over \$100,000 ▶ 2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? 2 Note of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CYNTHIA GIBSON Signature of officer Date CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Printlype preparer's name Preparer's signature Barbara J McGann CPA Barbara J McGann CPA Date Check	51	Comple	te this table for the organization's five highes	t compensated independe	ent contractors who each	received mo	re than				
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CYNTHIA GIBSON Signature of officer Date		\$100,00	00 of compensation from the organization. If	there is none, enter "Non	e."						
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ Yes □ No Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CYNTHIA GIBSON Signature of officer Date		(-)	Name and business address of each independent control	-1	(h) Tono et consis	_		- \			
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		(a)	Name and business address of each independent contra	CLOI	(b) Type of Service	е	(0	;) Comp	ensauor		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A											
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Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		Total nu	mbor of other independent contractors each	rocciving over \$100,000	<u> </u>						
Completed Schedule A			'	J , ,							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CYNTHIA GIBSON Signature of officer Date CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if PTIN self-employed P00828593 Preparer Use Only Firm's name MCG Financial Solutions LLC Firm's address P201 Grandmason P1 Eagle ID 83616 Phone no. 208-286-7279	32		•	(/ (/)			_	. 57	V		NI.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign CYNTHIA GIBSON Signature of officer Date CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check X if PTIN Self-employed P00828593 Preparer Firm's name MCG Financial Solutions LLC Firm's address P201 Grandmason P1 Eagle ID 83616 Phone no. 208-286-7279		•									NO
Sign Here CYNTHIA GIBSON Signature of officer CYNTHIA GIBSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Barbara J McGann CPA Barbara J McGann CPA Barbara J McGann CPA Barbara J McGann CPA Firm's name MCG Financial Solutions LLC Firm's address 9201 Grandmason Pl Eagle ID 83616 Phone no. 208-286-7279		•	1 7 77	, , , ,	,		•	age an	a bellet	, It IS	
Sign Here Signature of officer	true, o	correct, an	` ' ' '	fficer) is based on all informa	ation of which preparer has a	any knowledge					
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Preparer Use Only Firm's address ▶ MCG Financial Solutions LLC Firm's address ▶ 9201 Grandmason Pl Eagle ID 83616 Phone no. 208-286-7279			Print/Type preparer's name	Preparer's signature	Date	C	heck X if	PTI	٧		
Preparer Use Only Firm's address ► MCG Financial Solutions LLC Firm's EIN ► Phone no. 208-286-7279	Paid		Barbara J McGann CPA B	arbara J McGann	CPA 08-02-20)16 s	elf-employed	P00	8285	93	
Use Only Firm's address ▶ 9201 Grandmason Pl Eagle ID 83616 Phone no. 208-286-7279	Prep	arer				<u> </u>	IN ▶	-			
Eagle ID 83616 Phone no. 208-286-7279											
	-	•				Phone r	no. 208-	286-	7279		
	May	the IRS	<u> </u>	bove? See instructions							No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number IDAHO WALK BIKE ALLIANCE 27-1334849 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,000	17,028	95,921	173,516	79,708	371,173
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,000	17,028	95,921	173,516	79,708	371,173
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)						270,577
6	Public support. Subtract line 5 from line 4						100,596
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5,000	17,028	95,921	173,516	79,708	371,173
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support . Add lines 7 through 10 .						371,173
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					▶ 🗌
	tion C. Computation of Public Su		_				
14	Public support percentage for 2015 (line 6, c						27.10 %
15	Public support percentage from 2014 Sched				ı	15	%
16a	33 1/3% support test - 2015. If the organization						. \Box
	box and stop here. The organization qualified						▶ ⊔
b	33 1/3% support test - 2014. If the organization						. \Box
	check this box and stop here. The organiza			•			▶ ⊔
17a	10%-facts-and-circumstances test - 2015	J			·		
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the "fact		_				
	organization						▶ 🏻
b	10%-facts-and-circumstances test - 2014	J				e	
	15 is 10% or more, and if the organization m				-	d	
	Explain in Part VI how the organization mee			•	•	•	. \Box
40							▶ ⊔
18	Private foundation. If the organization did r	ioi check a box on	iine 13, 16a, 16b, 1	i/a, or i/b, check	uns dox and see		, \sqcap
	0.150.10.10.005						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the org organization, check this box and stop here		second, third, fourth	•	, , ,	•	▶ □
Se	ction C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8, co	umn (f) divided	by line 13, column (f))		. 15	%
16	Public support percentage from 2014 Schedul					. 16	%
Se	ction D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2015 (line 1	Oc, column (f) o		` ' '			%
18	Investment income percentage from 2014 Sch	edule A, Part III	, line 17			. 18	%
	33 1/3% support tests - 2015. If the organization is not more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the organization	nd stop here. T	he organization qua	lifies as a publicly	supported organiz	ation	▶ □
	line 18 is not more than 33 1/3%, check this b	ox and stop he i	re. The organization	qualifies as a pub	licly supported org	anization	▶ □
£U.	TITY OF TOUR WALLOTT, IT THE CHANGE AND IT ON THE	LUNGUN A DUX ()		D. CHECK HIS DUX 2	いい っとと いういいじいいい		

Part IV Supp

Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
10b		

га	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions)):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С		see in	struct	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	3			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
	other Type III non-functionally integrated supporting organizations must comp	plete	Sections A through E.	
Sec	tion 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			
CO	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions 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			
fa	ctors (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 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-	integr	rated Type III supporting	g organization (see
	instructions).			- · ·

EEA

Schedule A (Form 990 or 990-EZ) 2015

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Par	- Jpc contains g co (c)(c)	3) Supporting Organia	zations (continued)	• • • • • • • • • • • • • • • • • • • •
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organizati	ons	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
<u> 10</u>	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			

d Excess from 2014e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 IDAHO WALK BIKE ALLIANCE	27-1334849 Pag	je 8
Part VI Supplemental Information. Provide the explanations required by	Part II, line 10; Part II, line 17a or 17b; Part	
III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9	b, 9c, 11a, 11b, and 11c; Part IV, Section	
B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines	2 and 3; Part IV, Section E, lines 1c, 2a, 2b	Э,
3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section	D, lines 5, 6, and 8; and Part V, Section E,	,
lines 2, 5, and 6. Also complete this part for any additional informat	ion. (See instructions.)	
01. 10% Facts and Circumstances Test (Part II, 1	line 17a or 17b)	
IDAHO WALK BIKE ALLIANCE ("IWBA") QUALIFIES AS A PUBLICLY SUPPO	RTED ORGANIZATION UNDER THE	
FACTS AND CIRCUMSTANCES TEST SET FORTH IN TREAS REG 1.170A-9(f)	(2) THE ODGANTZATIONIC	
FACIS AND CIRCUMSTANCES TEST SET FORTH IN TREAS REG 1:170A-5(1)	(3): THE ORGANIZATION B	
PUBLIC SUPPORT SIGNIFICANTLY EXCEEDED THE 10 PERCENT THRESHOLD	FOR PUBLIC CHARITIES.	
MOREOVER, THE ORGANIZATION'S ONGOING PROGRAM OF SOLICITATIONS,	ITS SOURCES OF SUPPORT, ITS	
GOVERNING BODY AND THE PROGRAMS IT CONDUCTS ALL DEMONSTRATE SUF	FICIENT PUBLIC SUPPORT TO	
MEET THE FACTS AND CIRCUMSTANCES TEST.		
IN 2015, IWBA UNDERTOOK AN EXTENSIVE PROGRAM TO SOLICIT ADDITIO	NAL PUBLIC SUPPORT.	
SEVERAL PUBLIC CHARITIES CONTRIBUTED TO IWBA IN 2015, BOOSTING	ITS PUBLIC SUPPORT	
PERCENTAGE. THE ORGANIZATION RECEIVED A MAJOR GRANT IN EARLY 2	016, WHICH WE ANTICIPATE	
WILL BOOST OUR 2016 PUBLIC SUPPORT ABOVE THE 33 1/3 PERCENT THR	ESHOLD. IWBA'S PUBLIC	
GUDDODE TO EVIDENCED DEMONSEDATED DV THE COVERNAND DODY ANTICUL DE	IDDEGENING DDOAD TWINDEGE	
SUPPORT IS FURTHER DEMONSTRATED BY ITS GOVERNING BODY, WHICH RE	PRESENTS BROAD INTEREST	
FROM THE GENERAL PUBLIC. DIRECTORS AND OFFICERS INCLUDE EXECUT	TVES FROM LARGE	
CORPORATIONS, ALONG WITH GOVERNMENT EMPLOYEES, ALL OF WHOM BRIN	G SPECIALIZED KNOWLEDGE AND	
EXPERIENCE IN FINANCE, TRANSPORTATION, PUBLIC PLANNING, SALES A	ND MARKETING, LAW,	
NONPROFIT MANAGEMENT AND CIVIC LEADERSHIP		
IWBA PROVIDES PROGRAMS TO THE GENERAL PUBLIC ON A CONTINUING BA	CTC TMCI IIDTMC EVENTS IN	
THE TROUBLE PROGRAMS TO THE GENERAL PUBLIC ON A CONTINUING BA	SIS, INCLODING EVENIS IN	
2015 THAT DREW LARGE AND ENTHUSIASTIC CROWDS. PARTICIPANTS AND	ATTENDEES INCLUDED THE	
GENERAL PUBLIC, STATE LEGISLATORS AND PUBLIC OFFICIALS, JOURNAL	ISTS, AND OTHER CIVIC	
LEADERS AND MEMBERS OF THE PUBLIC WITH SPECIALIZED EXPERTISE IN	THE SUBJECT.	

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

Department of the Treasury Internal Revenue Service

Name of the organization

IDAHO WALK BIKE ALLIANCE

Schedule of Contributors

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

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

27-1334849

Section:
∑ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation
covered by the General Rule or a Special Rule .
7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a stributions.
rescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one eyear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the so to this organization because it received nonexclusively religious, charitable, etc., contributions are during the year
The second secon

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number IDAHO WALK BIKE ALLIANCE 27-1334849

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 1 LOR FOUNDATION Payroll Noncash 50,000 PO BOX 11810 (Complete Part II for noncash contributions.) JACKSON, WY 83002 (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service
Name of the organization

IDAHO WALK BIKE ALLIANCE

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-1334849

01. Description of other expenses (Part I, line 16) Description Amount BANK FEES 181 DUES/MEMBERSHIPS 175 PARKINF 17 4,955 TRAVEL 126 COMPUTERS AND INTERNET SPEAKERS/BOARD EXPENSES 32 291 LEGISLATIVE EXPENSES MEALS - DE MINIMUS 20 95 MEMBER OUTREACH 2,912 TRAINING