# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	For the	2017 calend	dar year, or ta	ax year begin	ning		, 2017, and en	ding		, 20
В	Check if a	applicable:	C Name of orga	anization IDAH	O WALK BIKE	ALLIANCE			D	Employer identification no.
	Address c	change	Doing busine	ess as						27-1334849
	Name cha	ange	Number and	street (or P.O. box	x if mail is not delivered	to street address)		Room/suite	E	Telephone number
Ī	Initial retu	-	ро вох	•		,				
Ħ		rn/terminated			country, and ZIP or fore	aign nostal code				Gross receipts
H	Amended		I			ngii postai code			٦	
				ID 83701		TA GERGOV				
Ш	Application	n pending		ddress of principal		IA GIBSON		H(a) Is this a group		
		7.7		- ·	BOISE, ID 8			H(b) Are all subo		
<u> </u>	Tax-exem		501(c)(3)		) < (insert no.)	4947(a)(1) or	527	If "No," a	attach a l	ist. (see instructions)
	Website:		, -	DBIKE.ORG		1		H(c) Group exe	mption n	
			Corporation	Trust Ass	ociation Other		L Year of formation: 20	009 M State	of legal	domicile: ID
Pa	art I	Summar	ry							
	1	•	•		on or most signific		VARIOUS PROM			
Ð		WALKING,	BICYCLI	NG AND OT	HER FORMS OF	F HUMAN-POWEREI	TRANSPORTAT	ION AS HEAD	LTHY,	SUSTAINABLE,
Governance		RELIABLE	AND VIA	BLE OPTIO	NS FOR ALL	IDAHOANS				
ű										
ove.	2	Check this b	ox ▶ 🗌 if the	e organization	discontinued its o	perations or disposed	of more than 25% o	of its net assets.		
	3	Number of v	oting membe	rs of the gove	rning body (Part V	'I, line 1a)			3	10
တ္	4	Number of in	ndependent vo	oting members	s of the governing	body (Part VI, line 1b)			4	10
iţie	5			-		17 (Part V, line 2a)			5	3
Activities &	6								6	10
ĕ						C), line 12		_	7a	0
					, ,	line 34			7b	0
	, D	ivet uniterate	eu business ta	kable ilicome	1101111 01111 990-1,	IIII 6 34			7.0	<u></u> .
		O toile ti		(Dt ) (III - III -	415			Prior Year		Current Year
a)	8		•					198	,277	198,277
Ž	9	-				• • • • • • • • • •			281	0
Revenue	10									281
æ	11	Other reven	ue (Part VIII, d	8	,998	8,998				
	12	Total revenu	ue - add lines 8	8 through 11 (	must equal Part VI	II, column (A), line 12)		207	,556	207,556
	13	Grants and	similar amoun	its paid (Part I	X, column (A), line	s 1-3)				0
	14	Benefits paid	d to or for me	mbers (Part I)				0		
	15	Salaries, oth	ner compensat	tion, employee	benefits (Part IX,	column (A), lines 5-10	)			116,122
Expenses	16a	Professiona	I fundraising f	ees (Part IX,	column (A), line 11	e)				0
en	ь				umn (D), line 25)		0			
Ä	17				nes 11a-11d, 11f-24					49,771
		•				mn (A), line 25)				165,893
						• • • • • • • • • • •	_	207	,556	41,663
		Tioveride lee	об схропосо.	Subtract mile	10 110111111110 12			Beginning of Current		End of Year
ts o	20	Total acceta	(Port V line	16)						
SSe	20		,					74	,963	136,626
Net Assets or	21		,	,		· · · · · · · · · · · · · · · · · · ·	<del>-</del>		0.60	126,626
_	ਹੋਂ  22 art Ⅱ			es. Subiraci	iine 21 Hom line 20		• • • • • • •	94	,963	136,626
			ire Block	evamined this retur	rn including accompany	ring schedules and statement	e and to the heet of my ki	nowledge and helief it	ie	
						mation of which preparer has		nowledge and belief, it	. 13	
Sig	<b>1</b> 0		ON CYNTH	IA						
_	-	Signatu	re of officer						Date	
Не	re			•	TIVE DIRECTO	DR				
		Type or	print name and tit	tle					-	
		Print/Type pre	eparer's name		Preparer's signature		Date	Check X	if P	TIN
Pa	id	Barbara	a J McGan	n CPA	Barbara J Mo	Gann CPA	05-07-2018	self-employe	ed	XXXXXXXX
Pre	eparer	Firm's name	<b>&gt;</b>	MCG Fina	ncial Soluti	ions LLC		Firm's EIN ▶		
	e Only		ss ►	9201 Gra	ndmason Pl			Phone no.		
	,			Eagle ID					08-28	86-7279
May	the IRS	S discuss this	return with th		own above? (see i	instructions)		<u> </u>		Yes X No

WOR	KSHOP .	ALLOW.	ED US T	O BK	ING	EDUCATION	AL A	AND	TECHNICA	AL A	SSISTAN	JE TO	THE C	OWWONT:	LA LO	IMPROVE
THE	SAFET	Y AND	HEALTH	OF	ITS	RESIDENTS	вч	ADD	RESSING	HOW	PEOPLE	MOVE	ABOUT	THEIR	TOWN.	•
Other	r progran	service	es (Describ	e in So	chedu	le O.)										
(Evne	aneae ¢				inclu	ding grante of	¢			١	(Revenue	¢		1		

Form 990 (2017)

IDAHO WALK BIKE ALLIANCE

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
b	Schedule D, Parts XI and XII	12a		Λ
b	"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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- 1.0		
_	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			_ <del>-</del>
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			_
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G. Part III	19		Х

Part IV

27-1334849

Checklist of Required Schedules (continued)

Yes No X Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ......... 20a 20a 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 X 21 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 X 22 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 X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): Χ 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ....... 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . . 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. 38

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:   Coal instructions for filling requirements for Fig.CFN Form 1114 Papert of Foreign Route and Fig. 2014 Accounts			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
50	(FBAR). Was the organization a party to a prohibited tay shelter transaction at any time during the tay year?	F.0		Х
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts 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 services 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			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • •	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
a b	Initiation fees and capital contributions included on Part VIII, line 12			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) **Part VI G** 

J	Governance, management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"							
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI							

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 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The content of the co		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	21	
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?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
Ū	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		<i>A</i> \
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
۰	The organization's CEO, Executive Director, or top management official	15a	Х	
a			Λ	v
b	Other officers or key employees of the organization	15b		X
160				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-		v
	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	10h		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Castion 6104 requires an experimenta make its Forms 1003 (or 1004 if applicable) 000 and 000 T (Section F01/a)(2) apply			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	financial 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:			
	BARB MCGANN (208)286-7279, 9201 GRANDMASON PL, EAGLE, ID 83616			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Kenter 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 week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is	han one s both an /trustee)  Highest compensated employee	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CYNTHIA GIBSON EXECUTIVE DIRECTOR	40.00	X		Х	Х			0	0
(2) PAT RICECI PRESIDENT	20.00	X		X	21				0
(3) NORA_LOCKENVICE PRESIDENT	10.00	X		Х				0	0
(4) NIKI RICHARDS SECRETARY	10.00	Х		Х			(	0	0
(5) BRET TINKER TREASURER	10.00	Х		X				0	0
(6) MOLLY O'REILLY DIRECTOR	5.00	Х						0	0
(7) DON_KOSTELECDIRECTOR	5.00	X						0	0
(8) TIM ADAMS DIRECTOR	5.00	X						0	0
(9) JAMIE MORGAN DIRECTOR	5.00	Х						0	0
(10)CHRIS_STALEYDIRECTOR	5.00	Х						0	0
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

Form 99	90 (2017) IDAHO WALK BIKE ALI	LIANCE								27-13348	49	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Con	nper	sated Employees	s (continued)	I	
	(A) Name and title	(B) Position Average hours per week (list any							( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		(F) timated nount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee	Former		organizations (W-2/1099-MISC)	fi org an	pensation rom the anization d related anizations
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
(18)												
						4						
						K						
-												
(25)												
1b	Sub-total				• •		• • •	<b></b>				
d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	<u>.</u>							C			0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those list	ed abo	ve)	who	rec	eived	more	e than \$100,000 of	0		
3	Did the organization list any <b>former</b> officer, director						_					Yes No
4	employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of report organization and related organizations greater than	ortable comp	ensati	on a	nd o	ther	comp	ensa	ition from the		3	X
5	individual				• •					• • • • • • •	4	Х
	for services rendered to the organization? If "Yes,"	•		-			-				5	Х
	on B. Independent Contractors											
1	Complete this table for your five highest compensated compensation from the organization. Report compensation year.											
	(A) Name and business address								(B) Description of	services		(C) ensation
2	Total number of independent contractors (including by received more than \$100,000 of compensation from			ose	liste	d ab	ove) v	who				

Form 990 (2017) IDAHO WALK BIKE ALLIANCE 27-1334849 Page 9 Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt function revenue excluded from tax business under sections 512-514 Federated campaigns . . . . . . . 1a , Gifts, Grants nilar Amounts Membership dues . . . . . . . . . . . . 1b c Fundraising events . . . . . . . . 1c d Related organizations . . . . . . . 1d Contributions, and Other Simi e Government grants (contributions) . . 1e 9,800 f All other contributions, gifts, grants, and similar amounts not included above 1f 188,477 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f ...... 198,277 **Business Code** Revenue b Program Service f All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, 281 281 Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents ..... 800 **b** Less: rental expenses . . . . c Rental income or (loss) . . . 800 800 800 (i) Securities 7a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses .... c Gain or (loss) 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . 12,041 **b** Less: direct expenses . . . . . . . . . b 3,843 c Net income or (loss) from fundraising events . . . . . . . ▶ 8,198 8,198 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . a **b** Less: direct expenses . . . . . . . . b c Net income or (loss) from gaming activities . . . . . . . . ▶ 10a Gross sales of inventory, less returns and allowances ..... a  ${f b}$  Less: cost of goods sold  ${f .}$  . . . . . .  ${f b}$ c Net income or (loss) from sales of inventory . . . . . . . . ▶

**Business Code** 

207,556

800

8,479

11a h С Miscellaneous Revenue

e Total. Add lines 11a-11d . . . . . . . . . . . . . . . . . ▶ 

Part IX	Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 116,122 81,939 34,183 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Other salaries and wages ....... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (non-employees): b Legal...... 150 150 1,431 1,431 Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 2,540 2,540 13 Office expenses ...... 2,313 2,313 14 150 150 15 16 4,737 4,737 17 5,329 5,329 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 444 444 20 Payments to affiliates . . . . . 21 50 50 22 Depreciation, depletion, and amortization 23 Insurance ...... 1,024 1,024 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONTRACT WORK 26,201 26,201 b TELEPHONE 284 284 C BANK FEES 576 576 d POSTAGE PRINTING 4,542 4,529 13 e All other expenses Total functional expenses. Add lines 1 through 24e . 25 165,893 127,369 38,524 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

Page **11** 

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	94,963	1	136,626
	2	Savings and temporary cash investments	•	2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
<b>"</b>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	94,963	16	136,626
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	_
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Liat		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here $\blacksquare$ and			
Ses	27	complete lines 27 through 29, and lines 33 and 34.	C7 1FC	27	70.017
lan	27	Unrestricted net assets	67,156	27	78,917
Ва	28		27,807	28	57,709
pun	29	Permanently restricted net assets		29	
Ē		, , , , , , , , , , , , , , , , , , , ,			
ts c	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds		30	
SSe	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	94,963	33	136,626
	34	Total liabilities and net assets/fund balances	94,963	34	136,626
			, , , , , ,		

Paı	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	207,5	556
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	.65,8	393
3	Revenue less expenses. Subtract line 2 from line 1	3			41,6	563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94,9	<del>)</del> 63
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1	.36,6	526
Paı	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
					Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		• • •	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		• • •	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		• • •	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		• • •	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
_^				Form	oon /	2017\

## 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.

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

2017

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 

IDA	НО	t Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	ıs.						
The	orga	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.	)								
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).								
2		A school described in section 170(b)	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)								
3		A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	.)(iii).								
4		A medical research organization ope	•				(1)(A)(iii). Enter the							
	_	hospital's name, city, and state:					,(-,(-,,(-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-							
5		An organization operated for the bene	efit of a college or u	iniversity owned or oner	ated by a o	overnmen	tal unit described in							
Ū	Ш	section 170(b)(1)(A)(iv). (Complete	-	anivorsity owned or oper	atou by a g	,0 00111111011	tal armit accombca in							
6		A federal, state, or local government	,	nit described in <b>section</b>	170/b\/1\/	(A)(w)								
6	X		•				m the general public							
7	Δ	An organization that normally receives	•		verninentai	uriit or iio	in the general public							
•		described in section 170(b)(1)(A)(vi)		•										
8		A community trust described in <b>section</b>												
9	Ш	An agricultural research organization						ege						
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
40	university:  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
10														
		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												
							rom businesses							
		acquired by the organization after Jun	•											
11	Н	An organization organized and opera	•			1	•							
12	Ш	An organization organized and operat												
		of one or more publicly supported org	•			, , , ,	,	, ,						
		Check the box in lines 12a through 12						_						
	а	Type I. A supporting organization				-		ving						
		the supported organization(s) the			rity of the d	lirectors or	trustees of the							
		supporting organization. You mu												
	b	Type II. A supporting organizatio				•		-						
		control or management of the sup			rsons that o	control or r	manage the supporte	a						
		organization(s). You must comp												
	С	Type III functionally integrated					·	with,						
		its supported organization(s) (see												
	d	Type III non-functionally integr		,										
		that is not functionally integrated.		•		•	nt and an attentivenes	S						
		requirement (see instructions). Y												
	е	Check this box if the organization	, , , , , , , , , , , , , , , , , , ,			sa Type I,	Type II, Type III							
		functionally integrated, or Type III			anızatıon.									
	f	Enter the number of supported organi			• • • • •	• • • • •	• • • • • • • • • •	• • • •						
	g	Provide the following information about		` ,			T							
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amo other supp						
				above (see instructions))	docum	0 0	instructions)	instruc	`					
					Vaa	N <sub>1</sub> -	-							
-					Yes	No								
(A)														
(B)														
(C)														
(D)														
(E)														
Tota	ı													
		l l					I	1						

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

Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 106,846 79,396 134,755 210,318 173,516 704,831 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 Total. Add lines 1 through 3 . . . . . . 106,846 173,516 79,396 134,755 210,318 704,831 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) . . . . . . 402,182 Public support. Subtract line 5 from line 4 . . 302,649 **Section B. Total Support (b)** 2014 (c) 2015 (d) 2016 Calendar year (or fiscal year beginning in) ▶ (a) 2013 (e) 2017 (f) Total 79,396 106,846 173,516 134,755 210,318 704,831 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 281 281 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.) . . . . . . . . . 1,080 1,080 11 Total support. Add lines 7 through 10 . 706,192 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 42.86 15 Public support percentage from 2016 Schedule A, Part II, line 14 36.48 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization X 33 1/3% support test - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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

Department of the Treasury

Name of the organization

IDAHO WALK BIKE ALLIANCE

Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

**Employer identification number** 

27-1334849

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 Check if your organization is covered by the General Rule or a Special Rule. 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 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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, 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. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 AMERICAN HEART ASSOCIATION Payroll Noncash 86,699 350 N 9TH ST 404 (Complete Part II for noncash contributions.) Boise, ID 83702 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 2 LOR FOUNDATION INC Payroll Noncash 212 S WALLACE 101 50,000 (Complete Part II for Bozeman, MT 59715 noncash contributions.) (c) (a) (b) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 INLAND NORTHWEST COMMUNITY FOUNDATI Person X Pavroll Noncash **421 W RIVERSIDE AVE** 8,750 (Complete Part II for Spokane, WA 99201 noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (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 G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number							
IDAHO WALK BIKE ALLIANCE					27-1334849		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization rais		-	-	vities. Check all that an	oplv.		
a Mail solicitations				of non-government gra			
<b>b</b> Internet and email solicitations				of government grants			
c Phone solicitations				draising events			
d In-person solicitations		<b>5</b> —	opoola. iai.	araising events			
2a Did the organization have a written or	r oral agreement wi	ith any indiv	idual (includ	ling officers directors	trustees		
or key employees listed in Form 990,						□ Ye	es 🗆 No
<b>b</b> If "Yes," list the 10 highest paid individ			•	•			_
compensated at least \$5,000 by the compensated at l	,	riai aiooro, p	ourouant to t	agreemente unaer wine	in the rane	iraioor io to b	
compensated at loads 40,000 by the c	nganization.						
		(III) Distr	de de color de		(v) Amo	ount paid to	/ 10 A
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) Activity		utions?	from activity		ser listed in ol. <b>(i)</b>	organization
		Yes	No			oi. <b>(i)</b>	
1		103	140				
1							
2							
2							
3							
4							
4							
		,					
5							
6							
- <u>-</u>							
7							
8							
			1				
9							
		D					
10							
Total			▶				
3 List all states in which the organization				Itions or has been noti	fied it is ex	emnt from	
registration or licensing.	ris regisiered of lie	011300 10 30	Mich Contino	ations of has been not	1100 11 13 07	cript nom	
regionation of hoofishing.							

27-1334849 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		J	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
	11	Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II	Gaming. Complete if the c	rganization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990	-EZ, line 6a.			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ш	1	Gross revenue				
	2	Gross revenue				
Direct Expenses R	2	Cash prizes				
	2	Cash prizes	Yes %	Yes %	Yes %	
	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	Yes%	☐ Yes%	☐ Yes%	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No	No		
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No 2 through 5 in column (d)	No No	No	
Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subteter the state(s) in which the organization licensed to conduct of	No 2 through 5 in column (d) cract line 7 from line 1, columnion conducts gaming activities in each of	nn (d)	No	Yes \( \) No
<b>o</b> Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subt	No 2 through 5 in column (d) cract line 7 from line 1, columnion conducts gaming activities in each of	nn (d)	No	Yes No
Direct Expenses	2 3 4 5 6 7 8 Entertion	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subteter the state(s) in which the organization licensed to conduct of	No 2 through 5 in column (d) cract line 7 from line 1, columnion conducts gaming activities in each of	nn (d)	No	· · · · · · · Yes · No
Direct Expenses	2 3 4 5 6 7 8 En Is 1 If "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Subteter the state(s) in which the organization licensed to conduct good No," explain:  ere any of the organization's gaming income any of the organization's gaming income summary.	No  2 through 5 in column (d)  react line 7 from line 1, column  tion conducts gaming activities in each of	nn (d)	□ No	Yes No

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

IDAHO WALK BIKE ALLIANCE 27-1334849 01. Form 990 governing body review (Part VI, line 11) THE EXECUTIVE DIRECTOR, PRESIDENT AND TREASURER REVIEW THE FORM 990 BEFORE IT IS FILED. 02. CEO, executive director, top management comp (Part VI, line 15a) IWBA OFFICERS AND DIRECTORS ARE NOT PAID. THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE IWBA BOARD OF DIRECTORS REVIEWED A SURVEY OF IDAHO OUR EXECUTIVE DIRECTOR. NON-PROFIT EXECUTIVE DIRECTOR COMPENSATION BY ORGANIZATION SIZE AND THE PAY OF IWBA'S EXECUTIVE DIRECTOR IS CONSISTENT WITH, OR BELOW, THAT OF OTHER SIMILAR SIZED NON-PROFIT EXECUTIVE DIRECTORS IN IDAHO. 03. Form 990 availability to public (Part VI, line 18) IWBA WILL PLACE A PDF FILE OF THIS YEAR'S 990 ON THEIR WEBSITE FOR THE GENERAL PUBLIC TO IT WILL ALSO BE AVAILABLE UPON WRITTEN REQUEST OR IN PERSON AT OUR OFFICES. 04. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS FOR IWBA ARE AVAILABLE UPON WRITTEN REQUEST OR IN PERSON AT OUR OFFICES.

Form 990 Worksheet	Schedule A, Line 5 - Excess 2% Limitation Contributors	
	(Keep for your records)	2017
Name(s) as shown on return		Tax ID Number
IDAHO WALK BIKE A	LLIANCE	27-1334849

Name	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
AMERICAN HEART ASSOCIATION	76,000	152,000	60,23	5,500	86,699	380,430	366,306
LOR FOUNDATION INC					50,000	50,000	35,876
INLAND NORTHWEST COMMUNITY FOUNDATI					8,750	8,750	