Department of the Treasury Internal Revenue Service

990 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. 1545-0047 2021

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

For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 D Employer identification number C Name of organization Check if applicable: Free Bikes 4 Kidz Maryland Inc Address change 84-2462535 Doing business as Free Bikes 4 Kidz Maryland Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 612-670-9103 5178 Downwest Ride Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated 299,033 Columbia MD 21044-1505 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Edward Cochran H(b) Are all subordinates included? 5178 Downwest Ride If "No," attach a list. See instructions Columbia MD 21044-1505 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or Tax-exempt status: fb4kmaryland.org H(c) Group exemption number Website: Year of formation: 2019 X Corporation Trust Association M State of legal domicile: Form of organization: Other > Summary Briefly describe the organization's mission or most significant activities: Collect, refurbish, and give away bicycles and new helmets to underserved Governance children and suppport programs that encourage those children to ride bicycles; also provide free bike repair clinics. 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) **Activities &** 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 315 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7h b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 253,671 299,033 8 Contributions and grants (Part VIII, line 1h) Revenue Ò 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 299,033 253,671 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 143,848 223,637 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 58,307 26,389 202,155 250,026 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 51,516 49,007 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 130, 984 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 130,984 81,977 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block 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. Signature of officer Sign President Edward Cochran Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 08/25/22 self-employed P01203042 Christine C. Giovetti, CPA Preparer 52-1275451 Giovetti and Giovetti, • Firm's EIN ▶ Firm's name **Use Only** 1615 Frederick Rd Catonsville, MD 410-747-0396 21228-5022 Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

	990 (2021) Free Bikes 4 K		84-2462535	Page 2
Pa		Service Accomplishments		=
	Check if Schedule O con	tains a response or note to any l	ine in this Part III	<u> </u>
1	Briefly describe the organization's missio	n:		-
S	ee Schedule O			
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2	Did the organization undertake any signif	icant program conject during the years	which wars not listed on the	
_				Yes X No
	***************************************			res A NO
_	If "Yes," describe these new services on			
3	Did the organization cease conducting, o	r make significant changes in how it cor	ducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Scho			
4	Describe the organization's program serv	rice accomplishments for each of its three	e largest program services, as measure	d by
	expenses. Section 501(c)(3) and 501(c)(4	4) organizations are required to report th	e amount of grants and allocations to otl	ners,
	the total expenses, and revenue, if any, f	or each program service reported.		
4a	(Code:) (Expenses \$	249,045 including grants of 3	223,637) (Revenue	\$)
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4b	(Cada: \/E-manaca &	to at all an area at a set) /Davanua	•
	(Code:) (Expenses \$	including grants of) (Revenue	· •)
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Form 990 (2021) Free Bikes 4 Kidz Maryland Inc

₩.J.	TSV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		l	1
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			T '
•	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	***************************************	r	I
а	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			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1.7.2		† <u> </u>
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
		1		
ď	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d	x	1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	 	x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1	 	+==
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	1	x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	- ```	 	 -
12a		12a		x
	Schedule D, Parts XI and XII	120		†
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b	l.	x
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		┼──	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	44.	+	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144	+ -	+**
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		x
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		+==
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	i	x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	1.5	+	+==
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		 	+==
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x_
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	 '''	†	+*
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	1	x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	+^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
	If "Yes," complete Schedule G, Part III		+	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		+	+^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	+-	+-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	1	x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			42

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	l		l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			٠,,
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ļ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
20	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
28	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	**********	*******	**********
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l	ļ	1
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	 ^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	1 20	. x	
	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38	<u>. A</u>	
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of hote to any line in this Fait v		Yes	No
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1 63	1.10
1a b	Enter the number reported in box 3 of Point 1056. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b. 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
·	reportable gaming (gambling) winnings to prize winners?	1c	T*********	7

If "Yes," complete Form 6069.

Form 990 (2021) Free Bikes 4 Kidz Maryland Inc 84-2462535 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 5 Enter the number of voting members included on line 1a, above, who are independent 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? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 6 Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, b stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization _____ X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MD 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Edward Cochran 5178 Downwest Ride

MD 21044-1505 612-670-9103

Columbia

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Form 990 (2021) Free Bike	a 4 Kida	, M	'a r		an	a 1	mc	84-246	2535	Page 7
Part VII Compensation of	Officers, Di	rec	tors	Ť	rusi	tees	K	ev Employees. High	est Compensated E	
Independent Con				,			,	ayprojece, eg		
		res	oga	nse	or i	note	to a	any line in this Part V	II , , , , , , <u>, , , , , , , , , , , , </u>	<u>L</u>
								ompensated Employees		
1a Complete this table for all person organization's tax year.										
 List all of the organization's cur compensation. Enter -0- in columns ((D), (E), and (F)	if no	com	pen	satio	on wa	ıs pa	aid.		,
 List all of the organization's cur 	rrent key emplo	yees	, if a	ny. S	See	instru	ıctio	ns for definition of "key en	ployee."	
 List the organization's five curr who received reportable compensation \$100,000 from the organization and a 	on (box 5 of For	m W	-2, F	orm	iploy 109	/ees (9-MIS	(othe SC, a	er than an officer, director, and/or box 1 of Form 1099	trustee, or key employee) -NEC) of more than	
 List all of the organization's for \$100,000 of reportable compensatio 	n from the orga	nizat	ion a	ind a	ny r	elate	d or	ganizations.		
 List all of the organization's for organization, more than \$10,000 of re See the instructions for the order in v 	eportable compo	ensa	tion 1	from	the	orga:	ed, i nizal	in the capacity as a former tion and any related organ	director or trustee of the izations.	
K Check this box if neither the orga						tion c	omp	censated any current office	er, director, or trustee.	
		<u> </u>		((•
(A)	(B)			Pos		than a		(D)	(E)	(F)
Name and title	Average hours	(do not check more than one box, unless person is both an			s both	an	Reportable compensation	Reportable compensation	Estimated amount of other	
	per week	off	icer ar			r/truste		from the	from related	compensation from the
	(list any hours for	압한	nstit	Officer	₹		Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	related	ed a		er	employee	38.8	er e	1099-NEC)	1099-NEC)	related organizations
	organizations below	ndividual trustee or director	nstitutional trustee		oyee	mpe				
	dotted line)	💈	rstee			Highest compensated employee				
water and Cochmon		┢	-	-		-				
(1) Edward Cochran	20.00							ļ		
President	0.00	x		x				1 0	o	0
(2) Elizabeth Shultz		╬		-	 	┝╼┪		, , , , , , , , , , , , , , , , , , , ,		
(2) ETTZabech bhatca	2.00	ļ								
Vice President	0.00	x		x				1 0	0	0
(3) Christopher Tsie		† 📑			_					
(6) 0000 000 0000	1.00		ł	l						
Secretary/Treasurer	0.00	X		X				0	0	0
(4) Tom Lewis										
	1.00									_
Director	0.00	X	L		L	<u> </u>		0	0	0
(5) Marc Tolson	1.00		ŀ							
Director	0.00	X	1		ł	İ			0	0
(6)		1				T				
(7)	<u> </u>	╁╌	╁╌	╁	┝	+	-			
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(8)					İ					
		-								
(9)	 	十	\dagger	\dagger	T	 	T	<u> </u>		

(10)

(11)

DAA

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	f Employees (continued)	
	(A) Name and title	(B) Position (do not check more than one box, unless person is both ar officer and a director/trustee) per week						ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
	······										
											W
	0.14-4-1										
1b c	Subtotal Total from continuation she										
d	Total (add lines 4h and 4s)	ets to Fait Vii, C									
2	Total number of individuals (in reportable compensation from	cluding but not l	imite	ed to		e lis	ted a	bov	re) who received more than	\$100,000 of	1
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization	ormer officer, dir complete Schede e 1a, is the sum	ecto dule of re	r, tru <i>J for</i>	<i>suc</i> able	h ind	<i>dividi</i> npen:	<i>ual</i> satio	on and other compensation	from the	yes No
5	Did any person listed on line 1 for services rendered to the or	rganization? If "Y	rue	com	pens	ation	n froi	n ar	ny unrelated organization o	r individual	5 X
Sect 1	ion B. Independent Contractor Complete this table for your five compensation from the organi	ve highest comp	ensa	ated	inde	pend for t	lent o	cont	ractors that received more	than \$100,000 of	ear
		(A) business address	omp	01100	LIGIT	10, ((B) otion of services	(C) Compensation
								-			
							<u> </u>				
	Total number of independent	contractors (incl	ıding	but	not	limit	ed to	tho	se listed above) who		
	received more than \$100,000	of compensation	i froi	m the	e oro	ıaniz	ation	1 >		0	

84-	24	62	53	5
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0700077	18.4	Check if	Sch	r Revenue edule O conta	ains a	respons	se or note	to any line in this	s Part VIII		🔲
						• • •		(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
동물	1a	Federated camp	aigns		1a						
ള	b	b Membership dues			1b						
S, Am	C	Fundraising ever	nts		1c						
a d	d	Related organiza	ations		1d						
ā.Ē	9	Government grants (co	ntributio	ns)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	T ~	All other contributions, and similar amounts no Noncash contributions	at include	d above	1f		299,033				
ĘŎ	g	lines 1a-1f			1g	\$ 2	279,995				
ဒီ င	h	Total. Add lines					🕨	299,033			
,		• •					Business Code				
8	2a	•			. 		••				
و چ	b	•									
ent Gent	C	•									
Program Service Revenue	d										
<u> </u>	8										
	f	All other program									
		Total. Add lines					.				l .
	3	Investment inco									
		other similar am	ounts)								
	4	Income from inv									<u></u>
	5	Royalties		(i) Real	······		ersonal				
	C-	0	c-	(1) Real		(11) F6	SIBONEI				
	ba	Gross rents	6a								
	D	Less: rental expenses	6b 6c								
	d	Rental inc. or (loss) Net rental incom		000)		Ļ <u> </u>					
		Gross amount from	le or (OSS)(i) Securities		1	Other				
		sales of assets	7a	(i) Godanio		\ \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	00.01				
9	h	other than inventory Less: cost or other	 -								
nue	_	basis and sales exps.	7b								
Other Revenue	c	Gain or (loss)	7c		-						
er F		Net gain or (loss	3)								
χ	•	Gross income from				<u> </u>					
		(not including \$		•							
		of contributions rep		n line							
		1c). See Part IV, lir	ne 18		8a						
	b	Less: direct expe			8b	<u> </u>					
	С	Net income or (le	oss) fr	om fundraising	events		>				
	9a	Gross income from									
		activities. See P			9a						
		Less: direct exp			9b						
		Net income or (I	-		vities .	<u></u> T	<u> </u>				
	10a	Gross sales of in		•	ا ا						
	١.	returns and allow			10a	 					
		Less: cost of go			10b	·					
		Net income or (I	uss) fi	om sales of inve	entory		Business Code				
Sno	110					ŀ	23011000 0000				
E E	11a h			••••••					· · · · · · · · · · · · · · · · · · ·		
scellanec Revenue	,			•••••							
Miscellaneous Revenue	4	All other revenue		• • • • • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·		·
2		Total. Add lines									
		Total revenue.						299,033	0	. 0	0

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 (C) (D) Fundraising Do not include amounts reported on lines 6b, 7b, Management and 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 Grants and other assistance to domestic individuals. See Part IV, line 22 223,637 223,637 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees _____ 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees): Management Legal 750 750 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 37 1,625 (A) amount, list line 11g expenses on Schedule O.) 1,588 2,004 2,004 12 Advertising and promotion Office expenses 13 306 306 Information technology 15 Royalties 644 644 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 194 194 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,196 11,196 Scrapped Bikes 5,604 5,604 Bike Repair Parts 2,186 2,186 Storage/Event Transport 1,174 1,174 Collection/Giveaway Event All other expenses 706 70.6 250,026 249,045 981 Total functional expenses. Add lines 1 through 24e 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).

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 9,952 17,475 1 Cash—non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ________10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 64,502 121,032 15 15 Other assets. See Part IV, line 11 81,977 130,984 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities ______ 2Õ 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 0 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 81,977 130,984 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 130,984 81,977 32 Total net assets or fund balances 81,977 130,984 Total liabilities and net assets/fund balances

-orm	990 (2021) Free Bikes 4 Kidz Maryland Inc 84-2462535			Pag	je 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		299,0	033
2	Total expenses (must equal Part IX, column (A), line 25)	2		250,	
3	Revenue less expenses. Subtract line 2 from line 1	3		49,	007
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		81,	<u>977</u>
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		130, <u>s</u>	<u>984</u>
Pa	RXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
	<u> </u>		e:	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22		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?		2t		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				
C	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?		20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		38		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 on Schedule O and describe any steps taken to undergo such audits		3I		

Form **990** (2021)

DAA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Free Bikes 4 Kidz Maryland Inc

Employer identification number 84 - 2462535

Part	Reas	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instructio	ns.					
***********			it is: (For lines 1 through 12, o									
1	3		ociation of churches described									
2	K		A)(ii). (Attach Schedule E (Form			76-76-7-						
3	4		e organization described in sec		(b)(1)(A)(i	iii).						
4		•	in conjunction with a hospital of				ospital's name.					
٠ ـــ	city, and state		in conjunction with a mospital		0000.0		, , , , , , , , , , , , , , , , , , ,					
5			f a college or university owned	or operate		vernmental unit described in						
با ت	•	b)(1)(A)(iv). (Complete Part		or operati	ou by a g	, , , , , , , , , , , , , , , , , , ,						
6			overnmental unit described in s	ection 17	о(ь)(1)(А)(v).						
7 X			substantial part of its support from									
• ===	, -	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9			cribed in section 170(b)(1)(A)(i		ed in conj	unction with a land-grant colleg	je					
			f agriculture (see instructions).									
	university:											
10 '	An organizat	ion that normally receives (1)	more than 33 1/3% of its supp	ort from o	ontributio	ns, membership fees, and gro	38					
			pt functions, subject to certain									
			d unrelated business taxable ir 0, 1975. See section 509(a)(2)									
44 [•	exclusively to test for public safe									
11			exclusively to test for public said exclusively for the benefit of, to				ses of					
12 _	one or more	on organizeo ano operaleo e nubliciv supported organizati	ons described in section 509(a	a)(1) or se	ction 509	(a)(2). See section 509(a)(3).	Check					
	the box on lin	nes 12a through 12d that des	cribes the type of supporting or	rganizatio	n and con	plete lines 12e, 12f, and 12g.						
а			erated, supervised, or controlled				ng					
	the supp	orted organization(s) the pov	er to regularly appoint or elect	a majority	of the di	rectors or trustees of the						
	supportin	ng organization. You must c	omplete Part IV, Sections A a	nd B.								
b	Type II.	A supporting organization su	pervised or controlled in conne	ction with	its suppo	rted organization(s), by having						
			ting organization vested in the	same per	ons that	control or manage the support	ed					
		tion(s). You must complete										
С	its suppo	functionally integrated. A s orted organization(s) (see ins	upporting organization operated tructions). You must complete	d in conne Part IV,	ection with Sections	i, and functionally integrated with A, D, and E.	tn,					
d			. A supporting organization ope									
			organization generally must sa				ess					
		,	nust complete Part IV, Section									
0	Check th	is box if the organization rec	eived a written determination fra n-functionally integrated suppor	om the IR	S that it is	s a Type I, Type II, Type III						
f		mber of supported organizati		ung organ	iization.							
g			e supported organization(s).	• • • • • • • • • • • •								
	me of supported	(ii) EiN	(III) Type of organization	((v) is the	organization	(v) Amount of monetary	(vi) Amount of					
	rganization		(described on lines 1-10	listed in you	ur governing	support (see	other support (see					
			above (see instructions))		ment?	instructions)	instructions)					
	 			Yes	No	 						
(A)												
				-								
(B)												
(C)												
(0)		,										
(D) · ·	(D)											
(E)												
Tatal	· · · · · · · · ·											
Total For Pap	erwork Reduction	on Act Notice, see the Instruc	ions for Form 990 or 990-EZ.	4			Schedule A (Form 990) 2021					

Free Bikes 4 Kidz Maryland Inc 84-2462535 Schedule A (Form 990) 2021 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 253,671 73,362 299,033 626,066 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 12,600 12,600 Total. Add lines 1 through 3 299,033 85,962 253,671 638,666 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 638,665 Section B. Total Support (e) 2021 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (f) Total 299,033 638,666 85,962 253,671 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 638,666 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2020 Schedule A, Part II, line 14 15 33 1/3% support test-2021. 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 33 1/3% support test-2020. 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-2021. 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

10%-facts-and-circumstances test-2020. 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 supported

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

organization

instructions

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (a) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities 2 furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 ··· Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6:) Section B. Total Support (f) Total (b) 2018 (d) 2020 (e) 2021 Calendar year (or fiscal year beginning in) (c) 2019 (a) 2017 9 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 Investment income percentage from 2020 Schedule A, Part III, line 17 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990) 2021 Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable), Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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
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	Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		********
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, 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		
Secti	ion 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	1		
	the supported organization(s).	1		
Secti	ion 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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction:	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ructions)).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	maket at the state of the state			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	

	Ile A (Form 990) 2021 Free Bikes 4 Kidz Maryland		84-2462	535 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). S	60
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	olete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
8	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		_
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ī		
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	Il supporting organization	
	(see instructions).			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (111) (ii) (i) **Excess Distributions Underdistributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 b From 2017. c From 2018..... d From 2019 e From 2020 ... f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount I Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018. c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Schedule A (For	n 990) 2021		Fre	ee Bi	<u>lkes 4</u>	Kidz	Mary	land	Inc	84-2	462535	Page 8
Part VI	III, line 12 B, lines 1 3a, and 3	; Part IV and 2; F b; Part V	/, Sectio Part IV, S /, line 1;	n A, lin Section Part V	nes 1, 2, n C, line ^r , Sectior	3b, 3c, 4l 1; Part IV n B, line 1	b, 4c, 5a ⁄, Sectior Ie; Part \	, 6, 9a, n D, line V, Sectio	9b, 9c, 11a s 2 and 3; on D, lines	e 10; Part II, a, 11b, and 1 Part IV, Sec 5, 6, and 8; instructions.	1c; Part IV, tion E, lines and Part V,	Section 1c, 2a, 2b,
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name	of the organ	ization		Employer identification number
1 21-	P	ikes A Vide Newsland Inc		84-2462535
ATTENDED OF	rti.	ikes 4 Kidz Maryland Inc Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o	
	*******	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	i Aoooana.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nu	mber at end of year		
2		te value of contributions to (during year)		
3		te value of grants from (during year)		
4		te value at end of year		
5	Did the	organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
		e the organization's property, subject to the organization's excl		Yes No
6	Did the	organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for	charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose	
	conferrir	ng impermissible private benefit?		Yes No
Pa	rt II	Conservation Easements.		
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1		(s) of conservation easements held by the organization (check	<u> </u>	
		servation of land for public use (for example, recreation or educ		* *
	Prot	ection of natural habitat	Preservation of a certified	historic structure
	_	servation of open space		
2		e lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a con	000000000
		nt on the last day of the tax year.		Held at the End of the Tax Year
a		mber of conservation easements		
b		reage restricted by conservation easements		
C		of conservation easements on a certified historic structure inc		2c
d		of conservation easements included in (c) acquired after 7/25	06, and not on a	
3		of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organ	ization during the
	tax year	***********	14-4 N	
4		of states where property subject to conservation easement is		
5		e organization have a written policy regarding the periodic mor		☐ Yes ☐ No
•		s, and enforcement of the conservation easements it holds?		
6	Starr and	d volunteer hours devoted to monitoring, inspecting, handling o	or violations, and enforcing conservation	in easements during the year
7	Amount	of expenses incurred in monitoring, inspecting, handling of vio	lations and onforcing concentration pa	coments during the year
′	. .		iations, and emorting conservation ea	sements during the year
Ω		ch conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h)/4\/	B)(i)
•		tion 170(h)(4)(B)(ii)?		
·u		(III, describe how the organization reports conservation easem		
		sheet, and include, if applicable, the text of the footnote to the	•	
		ation's accounting for conservation easements.		
Pa	rt III	Organizations Maintaining Collections of Art,	Historical Treasures, or Othe	er Similar Assets.
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the or	ganization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bal	ance sheet works
		istorical treasures, or other similar assets held for public exhibi		nce of public
		provide in Part XIII the text of the footnote to its financial state		
b		ganization elected, as permitted under FASB ASC 958, to repo		
		orical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance	e of public service,
		the following amounts relating to these items:		. .
	(i) Rev	enue included on Form 990, Part VIII, line 1 ets included in Form 990, Part X		
_	(ii) Ass	ets included in Form 990, Part X		» » »
2		ganization received or held works of art, historical treasures, o		provide the
		g amounts required to be reported under FASB ASC 958 relati		•
		e included on Form 990, Part VIII, line 1		
D	ASSETS I	ncluded in Form 990, Part X	<u></u>	

1a Land
b Buildings
c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Fo	orm 990) 2021 Free Bikes 4 Kidz Mar	yland Inc	84-2462535	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lir	ne 11b. See Form 990. P	art X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(4,233	Cost or end-of-yea	
(1) Financial d	erivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely hel	d equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
***************************************	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li		
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-year	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	 			
(7)				
(8)				
(9)	(h) must a mail Form 2000 Post V and (R) line (2)			
Part IX	o (b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets.	ļ		
, are in	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11d. See Form 990. F	Part X. line 15.
-	(a) Description			(b) Book value
(1)	Donated Bikes/Helmets/I	Parts		121,032
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		 		
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>	.	121,032
Part X	Other Liabilities.		44 44 0 - 5	000 D-4V
	Complete if the organization answered "Yes" on	Form 990, Part IV, II	ne 11e or 11t. See Form	990, Ραπ Χ,
	line 25.			the Double when
1.	(a) Description of liability		 	(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
· · ·	n (b) must equal Form 990, Part X, col. (B) line 25.)		•	
	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	s financial statements that repo	orts the
	liability for uncertain tax positions under FASB ASC 740. Che			
DAA				Schedule D (Form 990) 2021

	dule D (Form 990) 2021 Free Bikes 4 Kidz Maryland Ir		84-2462535	Page 4
P	iff X Reconciliation of Revenue per Audited Financial Stateme			
	Complete if the organization answered "Yes" on Form 990, P			
1	Total revenue, gains, and other support per audited financial statements		<u></u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b		2b		
C	 • • • • •	2c		• -•
đ		2d		
е	Add lines 2a through 2d		28	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
P	if XII Reconciliation of Expenses per Audited Financial Statem		-	•
	Complete if the organization answered "Yes" on Form 990, P	art IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		_1_	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses			
d				
8	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	· 110 miles
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	REAGUE Supplemental Information.			· · · · · · · · · · · · · · · · · · ·
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			10
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any addition	al information.	
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Schedule D (Fo	m 990) 2021	Free	Bikes	4 Kidz	Maryland	Inc	84-2462535	Page 5
Part XIII	Supplemen	tal Infor	mation (co	ontinued)	Maryland			
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

DAA

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the orga	anization Free Bikes 4 Kidz M	arvland	Inc					Employer identification number 84 – 24 6 2 5 3 5
Part I	General Information on Grants and							
1 Does t	he organization maintain records to substantiate the ection criteria used to award the grants or assistant he in Part IV the organization's procedures for more	e amount of the good	grant funds	in the United States.	•••••			
Part II	Grants and Other Assistance to Dor Part IV, line 21, for any recipient that r	mestic Organ eceived more	izations than \$5,0	and Domestic Go 00. Part II can be	overnments. Con duplicated if addit	tional space is r	anization and leeded.	
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	, , , ,
(1)				,				1
(2)				,				
(3)								
(4)								
•								
(5)								
(6)								
(7)								
(8)								
						·		
(9)								
	••••							
2 Enter	total number of section 501(c)(3) and government	organizations liste	ed in the line	1 table				
	total number of other organizations listed in the line							>
For Paperw	ork Reduction Act Notice, see the Instructions	for Form 990.						Schedule I (Form 990) (2021)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer Identification number

		s 4 K	<u> Kidz Maryland</u>	<u>l Inc</u>		84-2	<u>462535</u>	
	IT.I Types of Property							
		(a) Check if applicable	(b) Number of contributions or Items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method of	d) determining ribution amounts	
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household						_ •	
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC, or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation contribution — Historic							
	structures							
14	Qualified conservation contribution — Other						···	
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies					 		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		0000	26E 611	Tio i w	Market	370] 110	
25	Other ► (Bicycles)	X	2828	265,611	Cost		varue	
26	Other > (Misc Supplies)	X	15	11,843				
27	Other > (Helmets)	X	1060	2,256				
28	Other > (Bike Parts)				Mare			
29	Number of Forms 8283 received by which the organization completed Fo	-	•		29 0			
30a	During the year, did the organization 28, that it must hold for at least three		-					Yes No
	to be used for exempt purposes for t						3	0a X
h	If "Yes," describe the arrangement in		noiding behod?					
ь 31	Does the organization have a gift ac		nolicy that requires the re	eview of any nonstandard				
J1								31 X
32a	Does the organization hire or use thi	ird parties	or related organizations	to solicit, process, or sell n	oncash	• • • • • • • • • • • • • • • • • • • •	·····	- - -
7	contributions?						3	2a X
b	If "Yes," describe in Part II.	• • • • • • • • • •						
33	If the organization didn't report an ar	mount in c	olumn (c) for a type of p	operty for which column (a) is checke	ed,		
	describe in Part II.				-			

Schedule M (Form 990) 2021 Free Bikes 4 Kidz Maryland Inc

Part II	the organ	ization is re	porting in	Part I, col	lumn (b), th		contribu	utions, the		and 33, and where of items rec	
Schedu	le M -	Supple	mental	Infor	mation						
Column	B show	ws actu	al num	ber of	items	donated	for	Bikes	and	Helmets;	for
parts	and su	oplies,	it is	the n	umber (of contr	ibuti	ons.	•••••		•••••
	• • • • • • • • • • • • • • • • • • • •	***********		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••				• • • • • • • • • • • • • • • • • • • •
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Page 2

84-2462535

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public trispection

Employer identification number

Name of the organization

Free Bikes 4 Kidz Maryland Inc.

84-2462535

Free Bikes 4 kidz Maryland inc	64-2402333
Form 990 - Organization's Mission	
Free Bikes 4 Kidz is geared toward helping kids ride	e into a happier,
healthier childhood by providing bikes to those most	in need. We collect
bikes donated by the public, organize volunteers to	clean and refurbish
them, and then give them away to children in need, i	dentified by partnering
schools, government social services organizations, a	and other nonprofits. We
also encourage safe riding and sponsor free bike rep	pair clinics.
Form 990, Part I, Line 6	
Volunteers help with the collection of donated bikes	and clean, refurbish,
and repair those bikes. Professional bike mechanics	donate their
time to inspect the bikes. Bikes, along with new hel	mets, are then given
away, with the help of the volunteers, to other non-	profits and directly to
needy children as identified by local schools, gover	enment agencies, and
other non-profits.	
Form 990, Part VI, Line 11b - Organization's Process	s to Review Form 990
Draft Form 990 and schedules are distributed to boar	
prior to filing; board president follows up for ques	
Form 990, Part VI, Line 12c - Enforcement of Conflic	cts Policy
Any significant potential financial relationships of	f the organization to
other organizations (e.g., sponsors and vendors) are	e presented to the board
prior to execution. The majority of such relationship	ips are with partners
arranged through the national Free Bikes 4 Kidz orga	anization, of which Free

842462535 Free Bikes 4 Kidz Maryland Inc

84-2462535

FYE: 6/30/2022

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E	Total xpenses		Program Service				Fund Raising	
Bank Charges/Postage Taxes/Licenses	\$	37 1,588	\$	1,588	\$	37	\$		
Total	\$	1,625	\$ <u></u>	1,588	\$	37	\$	0	

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total penses	ogram ervice	gement & eneral	*& Fund Raisin	
Other Bike Refurbishing Tools	\$ 646 60	\$ 646 60	\$ 	\$	
Total	\$ 706	\$ 706	\$ 0	\$	0

842462535 Free Bikes 4 Kidz Maryland Inc 84-2462535 Federal Statements

8/25/2022 4:44 PM

FYE: 6/30/2022

Cash - EOY

Description Amount 9,813 M&T Checking PayPal Bank 139 9,952 Total

Form 990 Two Year Comparison Report

For calendar year 2021, or tax year beginning

07/01/21

ending 06/30/22

2020 & 2021

Name

Taxpayer Identification Number

IVAII F	Free Bikes 4 Kidz Maryland Inc				84-24	162535
			2020	2021	T	Differences
	1. Contributions, gifts, grants	1.	217,671	299,	033	81,362
	2. Membership dues and assessments	2.		· · · · · · · · · · · · · · · · · · ·		
	3. Government contributions and grants	3.	36,000			-36,000
9 7	4. Program service revenue	4.				
Ē	5. Investment income	5.				
2 6 V e	6. Proceeds from tax exempt bonds	6.				
	7. Net gain or (loss) from sale of assets other than inventory	7.				
_	8. Net income or (loss) from fundraising events					
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	253,671	299,	033	45,362
	13. Grants and similar amounts paid	13.	143,848	223,	637	79,789
	14. Benefits paid to or for members	14.				
хреп	15. Compensation of officers, directors, trustees, etc.	15.				
	16. Salaries, other compensation, and employee benefits					
	17. Professional fundraising fees					
	18. Other professional fees	1 40 1	2,444	2,	375	-69
	19. Occupancy, rent, utilities, and maintenance		9,912		644	-9,268
	20. Depreciation and Depletion					
	21. Other expenses	21.	45,951	23,	370	-22,581
	22. Total expenses. Add lines 13 through 21	22.	202,155	250,	026	47,871
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	51,516	49,	007	-2,509
_	24. Total exempt revenue	24.	253,671	299,	033	45,362
	25. Total unrelated revenue	25.	,			
5	26. Total excludable revenue	26.				
at	27. Total assets	27.	81,977	130,	984	49,007
E	28. Total liabilities	28.				
<u>F</u>	29. Retained earnings	29.	81,977	130,	984	49,007
her	30. Number of voting members of governing body	30.	3	5		
ਠ	31. Number of independent voting members of governing body		3	5		
	32. Number of employees	32.	0	0		
	33. Number of volunteers	33.	230	315		