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Form **991**

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

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

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	2020 calendar year, or tax year beginning and endir	ng		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	PIKERIDE, INC.			
	Name change			83-46530	44
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 739 E PIKES PEAK AVE	n/suite	E Telephone numbe 877-829-	
	termin- ated			G Gross receipts \$	658,646.
	Amend return			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: JOLIE NESMITH		for subordinates	
	pendin	9 739 E. PIKES PEAK AVE., COLORADO SPRINGS,	CO	H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) D 501(c) () \Box (insert no.) D 4947(a)(1) or D	527	If "No," attach a	list. See instructions
		e:▶ WWW.PIKERIDE.ORG		H(c) Group exemptio	n number 🕨
			_ Year o	of formation: 2019 N	State of legal domicile: CO
P		Summary			
<u>c</u>	1 !	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt ELEV}}}$ FUN, HEALTHY, PLANET FRIENDLY AND ${\hbox{{\tt COST-EFFE}}}$	ATE	OUR COMMUN	TTY WITH A
nar	2	Check this box if the organization discontinued its operations or disposed o			-
Governance	3 1	Number of voting members of the governing body (Part VI, line 1a)			9
යි	4	Number of voting members of the governing body (rart vi, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			9
<u>ფ</u>		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)		·····	13
įŧį		Total number of volunteers (estimate if necessary)			9
Activities &		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1h)		183,633. 12,306.	564,038.
Revenue		Program service revenue (Part VIII, line 2g)	71,472.		
ě	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-22,989.	-1,167.
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,121.	23,136.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		185,071.	657,479.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		148,851.	219,807.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.
ă	b ⁻	Total fundraising expenses (Part IX, column (D), line 25) 9,087.		110 600	000 010
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,699.	202,349.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		298,550.	422,156.
	19	Revenue less expenses. Subtract line 18 from line 12	- -	-113,479.	235,323.
Net Assets or		Fatal assate (Part V. Kar 40)		ginning of Current Year 605,451.	End of Year 523,731.
SSe	20	Total assets (Part X, line 16)		352,688.	34,405.
let /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	·	252,763.	489,326.
P	22 art II	Signature Block		232,703	405,5201
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the hest of m	v knowledge and belief it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr		•	, momentuge and somen, it is
	1	k			
Sig	ın İ	Signature of officer		Date	
He	I	▲ JOLIE NESMITH, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D		X PTIN
Pai	d	MITCHELL DOWNS, CPA Mitchell K. Downs		8.5.21 if self-employ	P00831972
Pre		Firm's name OSBORNE, PARSONS & ROSACKER, LLP		Firm's EIN ▶	84-0636698
Use	Only	Firm's address 601 NORTH NEVADA AVENUE			
		COLORADO SPRINGS, CO 80903-1005		Phone no.71	9.636.2321
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Ра	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ELEVATE OUR COMMUNITY WITH A FUN, HEALTHY, PLANET FRIENDLY AND
	COST-EFFECTIVE WAY TO GET AROUND.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 341,777 · including grants of \$) (Revenue \$ 94,608 ·) E-BIKE: DURING 2020, PIKERIDE EXPERIENCED MORE THAN 120% INCREASE IN RIDERSHIP AND GAVE AWAY MORE THAN 10,000 FREE RIDES WHILE SUPPORTING
	THE COMMUNITY WITH A HEALTHY AND SOCIALLY DISTANT ACTIVITY DURING THE PANDEMIC. PIKERIDE ALSO ADDED AN ADDITIONAL 8 NEW HUBS, LAUNCHED A NEW PARTNERSHIP WITH SPRINGS RESCUE MISSION, AS WELL AS INITIATED A NEW
	REDUCED-RATE WERIDE MEMBERSHIP FOR THOSE EXPERIENCING FINANCIAL HARDSHIP.
	PIKERIDE FOR ALL: PIKERIDE FOR ALL BUILDS EQUITABLE OPPORTUNITIES FOR
	SHARED MOBILITY IN COLORADO SPRINGS THROUGH A SIGNIFICANTLY REDUCED RATE WERIDE MEMBERSHIP FOR THOSE EXPERIENCING FINANCIAL HARDSHIP AS
4b	WELL AS OFFERING OPPORTUNITIES FOR COMMUNITY ASSISTANCE PROGRAMS TO (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 341,777.

Form 990 (2020) PIKERIDE, IN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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	3		
-	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	4		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			١
	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 donor-restricted endowments			١
	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.			
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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			l 🕶
	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		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Λ	
ıza		10-	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
10	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	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	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2020) PIKERIDE, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on										
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X							
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current										
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			X							
	Schedule J										
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the										
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete										
	Schedule K. If "No," go to line 25a	24a		Х							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?										
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease										
	any tax-exempt bonds?	24c									
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										
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and										
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete										
	Schedule L, Part I	25b		Х							
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current										
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%										
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х							
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 persons? If "Yes," complete Schedule L, Part III	27		Х							
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV										
	instructions, for applicable filing thresholds, conditions, and exceptions):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>										
u	"Yes," complete Schedule L, Part IV	28a		х							
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X							
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200									
·	"Vos " complete Schodule I Port IV	28c		х							
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	29									
30	contributions? If "Yes," complete Schedule M	30		х							
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	- 51									
32	Sahadula N. Dart II	32		х							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32									
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33									
J-4		34		Х							
35.5	211	35a		X							
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa									
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		\vdash							
30	If "Yes," complete Schedule R, Part V, line 2	36		Х							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30									
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х							
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31									
38		38	х	1							
Par	Note: All Form 990 filers are required to complete Schedule 0 † V Statements Regarding Other IRS Filings and Tax Compliance	_ 30	23								
L	Check if Schedule O contains a response or note to any line in this Part V										
	Shook is doctional of doctions a response of flote to any line in this fact v		Yes	No							
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140							
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable										
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
C		10									
	(gambling) winnings to prize winners?	1c		Щ_							

Form 990 (2020) PIKERIDE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	13								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2 b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
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 account)?										
b	b If "Yes," enter the name of the foreign country ▶										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization 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 contribut	ions (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 \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ for \ goods \ and \ goods \ for \ goods \ for \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \ for \ goods \ goods \ for \ goods \$	vices	provided to the payor?	7a		X					
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		•								
	to file Form 8282?			7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontra	ct?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne								
				8							
9	Sponsoring organizations maintaining donor advised funds.			_							
а				9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:	40-	1								
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	11a	1								
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	ııd									
b		11b									
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j l	u							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1								
	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	13b									
С	Enter the amount of reserves on hand	13c									
				14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?			15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ome?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										
					000	(0000)					

Form 990 (2020) PIKERIDE, INC. 83-4653044 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		х
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		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
<i>1</i> a		70		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		-25
b		7h		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		21
8		0.	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a	- 21	Х
		8b		21
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NIa
40-	Did the averagination have lead about an hypnakes as affiliated	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	- 21	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
		12b	-21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	- 21	
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?	45-		Х
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		- 21
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
Iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17		\t	\ <u>!</u>	-1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	is only) avaıl	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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 JOLIE NESMITH - 877-829-5500			
	739 E PIKES PEAK AVE COLORADO SPRINGS CO 80903			

Form 990 (2020) PIKERIDE, INC. 83-4653044 Page 7

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 VI	

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.

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

(A)	(B)	Docition						(D)	(E)	(F)
Name and title	Average hours per		not c	heck	neck more than one			Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire	es.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	lual tr	tional		nploye	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) JOLIE NESMITH	40.00	 	Ī	_			_			
EXECUTIVE DIRECTOR				Х				75,553.	0.	5,815.
(2) ANDREA BARKER	1.00									
MEMBER		Х						0.	0.	0.
(3) JILL GAEBLER	1.00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(4) AMY LONG	1.00	١								•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) KYLE MCLAUGHLIN	1.00	,,								0
MEMBER	1 00	Х						0.	0.	0.
(6) ADAM MORLEY	1.00	x						0.	0.	0.
MEMBER (7) BILL NELSON	1.00	^						0.	0.	0.
MEMBER	1.00	X						0.	0.	0.
(8) CARRIE SIMISON	1.00	25						0.	0.	0.
MEMBER	100	X						0.	0.	0.
(9) DAVIN NEUBACHER	1.00									
MEMBER		Х						0.	0.	0.
(10) ELLEN FISHER	1.00									
TREASURER		Х		Х				0.	0.	0.
		1								
		-								
		_								
		-								
		\vdash								
		ł								
		\vdash	\vdash							
		1								

Part	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title Average				Pos		1 than	one	Reportable	Reportable	•	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	วท	an	nount	of
		week	-	cer ar	id a d	irecto	or/trus	itee)	from	from related			other	
		(list any	rector						the	organization		I	pensa	
		hours for related	or di	æ			ated		organization	(W-2/1099-MI	SC)		rom the	
		organizations	ustee	trust		9	Suadu		(W-2/1099-MISC)			_ ~	janizati d relati	
		below	ual tr	ional		ploye	t con	L					u reiati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZuti	5115
			=	=	0	~	± ø	ь.						
							\vdash							
							\vdash							
							1							
							\vdash							
							\vdash							
							\vdash							
							\vdash							
							-							
								Ļ	75 552				<u> </u>	1 =
	Subtotal								75,553.		0.		5,8	
	otal from continuation sheets to Part V								0.		0.	<u> </u>		0.
	otal (add lines 1b and 1c)								75,553.				5,8	тэ.
	otal number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			,
<u>c</u>	compensation from the organization												· ·	
													Yes	No
	Did the organization list any former officer,		-	•		•		_		•				37
	ne 1a? If "Yes," complete Schedule J for s											3		X
	for any individual listed on line 1a, is the su	•		•					•	the organization				l
а	nd related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
	oid any person listed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-					3			
	endered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				<u></u>	5	Ш	X
Section	on B. Independent Contractors													
	Complete this table for your five highest co										npens	ation f	irom	
th	he organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)				_				(B)			(C		
	Name and business	address	N	INC	<u> </u>				Description of s	services	L	Compe	nsatioi	n
											<u> </u>			
											<u> </u>			
								_			<u> </u>			
								\dashv			<u> </u>			
	otal number of independent contractors (i		ot li	mite	d to	tho	se li:	sted	d above) who received n	nore than				
\$	100,000 of compensation from the organi	zation >					U							

Form 990 (2020) **Part VIII** S

rt VIII	Statement of Revenue

		Check if Schedule O	contains	s a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Tariotion revenue	Dadii idda i dveride	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
	b	Membership dues		1b					
S, (С	Fundraising events		1c					
a git	d	Related organizations		1d					
ini,	е	Government grants (conti	ributions	s) 1e	160,892.				
r ioi	f	All other contributions, gifts,	grants, a	ınd					
		similar amounts not included	l above .	1f	403,146.				
da	g	Noncash contributions included in	lines 1a-	1g \$					
<u>8</u> 0	h	Total. Add lines 1a-1f				564,038.			
					Business Code				
9	2 a	FEES FOR SERV	7ICE		561000	71,472.	71,472.		
e Z	b								
Program Service Revenue	С								
ev ev	d								
S F	е								
- □	f	All other program service	revenue	e					
	g	Total. Add lines 2a-2f				71,472.			
	3	Investment income (include	ding div	idends, inter	est, and				
		other similar amounts)							
	4	Income from investment of	of tax-ex	empt bond p	oroceeds >				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss	i) <u></u>						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a						
_	b	Less: cost or other basis							
nue		and sales expenses			1,167. -1,167.				
ther Revenue	С	Gain or (loss)	7c		-1,167.				1 1 1 =
8		Net gain or (loss)				-1,167.			-1,167.
Ē.	8 a	Gross income from fundraisi	ng event	S (not					
ō		including \$		of					
		contributions reported on	-						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from			_				
	9 a	Gross income from gamin							
	_	Part IV, line 19			_				
		Less: direct expenses							
		Net income or (loss) from			>				
	10 a	Gross sales of inventory,		I .					
		and allowances							
		Less: cost of goods sold							
\rightarrow	С	Net income or (loss) from	sales of	inventory					
Sn		MTCCETTANECTIC	y		Business Code 90009	23,136.	23,136.		
Miscellaneous Revenue		MISCELLANEOUS	,		300033	43,130.	43,130.		
Ven Ven	b								
Re	C								
Ξ		All other revenue			_	23,136.			
		Total. Add lines 11a-11d Total revenue. See instruction				657,479.	94,608.	0.	-1,167.
	12	i otal levellue. Dee iiisti üülil	פווע			00,, 11,00	1 2 = 1 0 0 0 •	ı • ı	,,

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).

<u> </u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	81,368.	62,028.	16,015.	3,325
_	trustees, and key employees	01,300.	02,020.	10,013.	3,343
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	109,708.	83,631.	21,594.	4,483
7	Other salaries and wages	109,700.	03,031.	41,334.	4,403
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	13,236.	10,217.	2,500.	519
9	Other employee benefits	15,495.	11,812.	3,050.	633
10	Payroll taxes	13,433.	11,012.	3,030.	033
11	Fees for services (nonemployees):				
a					
b		16,601.		16,601.	
C		10,001.		10,001.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	// / L 100/ (III 05				
g	column (A) amount, list line 11g expenses on Sch 0.)	50,947.	50,947.		
12	Advertising and promotion	13,552.	11,787.	1,765.	
13	Office expenses	8,921.	5,296.	3,609.	16
14	Information technology	1,138.	1,125.	10.	3
15	Royalties	2,200			
16					
17	Occupancy				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,420.	3,379.	31.	10
21	Payments to affiliates	-,	-,	7-3	
22	Depreciation, depletion, and amortization	71,888.	68,542.	3,346.	
23	· · · · · · · · · · · · · · · · · · ·	8,033.	7,659.	303.	71
24	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.)				
а	EQUIPMENT AND SUPPLIES	20,469.	20,469.		
b	TELEPHONE	3,778.	3,733.	34.	11.
c	MISCELLANEOUS	2,420.	1,152.	1,252.	16
d	DUES AND SUBSCRIPTIONS	713.	,	713.	
	All other expenses	469.		469.	
25	Total functional expenses. Add lines 1 through 24e	422,156.	341,777.	71,292.	9,087
<u> 26</u>	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)				

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			140,015.	1	148,006.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,963.	4	6,083.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial con	tributor, or 35%			
		controlled entity or family member of any of th	ese persons	s		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ	ed in sectio	n 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges				9	6,984.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	452,539.			
	b	Less: accumulated depreciation	. 10b	132,823.	388,184.	10c	319,716.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets			46,289.	14	42,942.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)		605,451.	16	523,731.
	17	Accounts payable and accrued expenses			40,963.	17	20,104.
	18	Grants payable				18	
	19	Deferred revenue			61,725.	19	14,301.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV of S	Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer officer,	director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial con	tributor, or 35%			
ia g		controlled entity or family member of any of the	ese persons	s <u> </u>		22	
_	23	Secured mortgages and notes payable to unr	elated third _l	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third par	ties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24). C	omplete Part X	050 000		•
		of Schedule D		F	250,000.	25	0.
	26	Total liabilities. Add lines 17 through 25			352,688.	26	34,405.
S		Organizations that follow FASB ASC 958, c	heck here				
nce nce		and complete lines 27, 28, 32, and 33.			241,304.		100 226
ala	27	Net assets without donor restrictions			11,459.	27	489,326.
P P	28	Net assets with donor restrictions			11,439.	28	0.
Ē		Organizations that do not follow FASB ASC	958, check	here			
٥	000	and complete lines 29 through 33.	1-			00	
ets	29	Capital stock or trust principal, or current fund				29	
\ss	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	252,763.	31	489,326.
Z	32	Total liebilities and not seem (fund balances			605,451.	32	523,731.
	33	Total liabilities and net assets/fund balances			000,401.	33	J43,/31•

Form **990** (2020)

Ра	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				<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				56.
3	Revenue less expenses. Subtract line 2 from line 1	3				23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> 252</u>	2,7	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		1	.,2	40.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		489	, 3	26.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d 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?		<u>L</u> :	2b	Х	ı
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

Employer identification number Name of the organization PIKERIDE, INC. 83-4653044 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				183,633.	564,038.	747,671.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				183,633.	564,038.	747,671.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						747,671.
Sec	tion B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4				183,633.	564,038.	747,671.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				12,121.	23,136.	35,257.
11	Total support. Add lines 7 through 10						782,928.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	83,778.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop						<u> </u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	on line 13, and line	14 is 33 1/3% or m	nore, check this bo	ox and
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and stop he	ere. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, ch	eck this box and s	top here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	ualifies as a public	ly supported organ	ization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instruction	s ▶□

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 6 Total. Add lines 1 through 5. 7 A mounts included on lines 1, 2, and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons. b invest tenders in lines 2 and 3 received from disqualified persons that second to gratues of 18,000 or 1% of the annual received and annual received annu		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
membership fees received. (Do not include any trustal grants?) 2 Gross receipts from admissions, membranding sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization is transpared to or expended on its behalf 5 The value of services or scalities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total. Add lines 1 through 5		· ` ` ` · · · · · · · · · · · · · · · ·	(-, -5.5	(-,,	(-, 25.5	(=, ==:=	\-,	(-)
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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
- [1		
	_		
-	2		
	3a		
	3b		
L	3с		
-	4a		
	4b		
	4c		
	5a		
-	5b		
-	5c		
L	6		
	7		
	8		
	9a		
	9b		
	7.7		
	9с		
	10a		
	10b		
m 99	0 or 99	90-EZ)	2020

Par	t IV 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	<u> </u>		
			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 office			
	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 support 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		
	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		
	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion 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		
	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 in 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	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ions).		
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 instructio	ns).	
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 in 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

	, ,,	<u> </u>	(COITIII)	<i>(</i> CU <i>)</i>	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form	990 or	990-EZ)	2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2020

PIKERIDE, INC. 83-4653044 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

PIKERIDE, INC.

83-4653044

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$19,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll

Name of organization

Employer identification number

83-4653044

Part I	Contributors (see instructions). Use duplicate copies of Part I if	ditional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$ 43,339.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

PIKERIDE, INC.

83-4653044

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization

Employer identification number

83-4653044

Us	pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	space is needed.	r less for the year. (Enter this info. once.)
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
·	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Trans		ft Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ft
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		ft	
	Transferee's name, address, a	. === .	Relationship of transferor to transferee

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

Name of the organization

PIKERIDE, INC.

Employer identification number 83-4653044

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		sed funds		
	are the organization's property, subject to the organization's	-			
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	· · ·	-		
	impermissible private benefit?		Yes No		
Pai					
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area		
	Protection of natural habitat	Preservation o	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re				
	year▶				
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i	it holds?	Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year		
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement and		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the		
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		> \$		
h	Assets included in Form 990 Part Y		• •		

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar	Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizat	ion's exer	npt purpose	in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?			<u>. L</u>	Yes	☐ No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi								٦	
	on Form 990, Part X?							L	⊻ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
_	Distributions during the year									
f	Ending balance								T	
	Did the organization include an amount on Fo						ty?	└─	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete in	-								
		(a) Current year	(b) ⊦	rior year	(c) Two yea	rs dack (d) Three years	3 Dack	(e) Four y	ears back
	Beginning of year balance								 	
	Contributions								 	
	Net investment earnings, gains, and losses								 	
	Grants or scholarships								 	
е	Other expenditures for facilities									
_	and programs								 	
	Administrative expenses								 	
_	End of year balance		//· 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<u> </u>	
2	Provide the estimated percentage of the curr	ent year end baland	-	g, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
	Permanent endowment	%								
С	· ———	%								
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4141		on all a along balled					
за	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neid a	and administe	erea for th	ie organizatio	on	L.	/ N-
	by:									es No
	(i) Unrelated organizations									_
L	(ii) Related organizations	tions listed as requi		Sahadula Do	······································				3a(ii)	
									3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willent	iurius.						
· ui	Complete if the organization answered) Part I	/ line 11a 9	See Form 991	n Part X	line 10			
	Description of property	(a) Cost or o		i	t or other		cumulated	\neg	(d) Book	voluo
	Description of property	basis (investr			(other)		reciation		(u) book	value
12	Land	 		54013	(54.101)	ч	. 501441011	+		
ia b	Land							_		
	Buildings Leasehold improvements				1,858.		236	_	1	,622.
d	Equipment			4 5	0,681.	1	32,587			,094.
	Other				-,	_	,,	+		,
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line	10c.)				319	,716.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 PIKERIDE, I	NC.	83-4653044 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Dort IV	Other Assets
Paris	Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Sche	dule D (Form 990) 2020 PIKERIDE, INC.				553044 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				747 425
1	Total revenue, gains, and other support per audited financial statements			1	747,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		00 056	_	
b	Donated services and use of facilities		89,956.	4	
С	Recoveries of prior year grants			_	
d	Other (Describe in Part XIII.)	2d			00 056
е	Add lines 2a through 2d			2e	89,956.
3	Subtract line 2e from line 1			3	657,479.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	657,479.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat		ı Expenses per	Return).
	Complete if the organization answered "Yes" on Form 990, Part IV, line				E10 110
1	Total expenses and losses per audited financial statements			1	512,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	00 056		
а	Donated services and use of facilities		89,956.	<u>'</u>	
b	Prior year adjustments			_	
С	Other losses			_	
d	Other (Describe in Part XIII.)	2d		-	00 056
е	Add lines 2a through 2d			2e	89,956.
3	Subtract line 2e from line 1			3	422,156.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	422,156.
Pai	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b	and 2b; Part V, line	4; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inforn	nation.		
PAI	RT X, LINE 2:				
THE	ORGANIZATION'S INFORMATION RETURNS ARE	SUBJECT	TO EXAMIN	IOTTAI	N BY
TAX	ING AUTHORITIES FOR A PERIOD OF THREE Y	EARS FRO	M THE DATE	THE	ARE
FII	ED. AS OF DECEMBER 31, 2020, THE INFORM	ATION RE	TURNS FOR	THREI	E PRIOR

YEARS ARE CONSIDERED OPEN FOR INTERNAL REVENUE SERVICE EXAMINATION.

Schedule D (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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

2020

Open to Public Inspection

Name of the organization

PIKERIDE, INC.

Employer identification number 83-4653044

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SERVE CLIENTS WITH BIKE SHARE. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS MADE AVAILABLE TO MEMBERS OF THE GOVERNING BODY PRIOR TO FILING. REVIEW OF THE FORM 990 IS PRIMARILY THE RESPONSIBILITY OF THE BUSINESS MANAGER AND THE CEO. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUESTS BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST AS THEY ARISE. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE ON REQUEST AT THE ORGANIZATION'S OFFICE. FORM 990, PART IX, LINE 11G, OTHER FEES: VENDOR FEES: 50,947. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 50,947. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, 50,947. COL A

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
PIKERIDE, INC.	Employer identification number 83-4653044
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE	AUDIT AND
SELECTION OF AN INDEPENDENT ACCOUNTANT.	