



## 2024 ANNUAL REPORT

(report published March 2025)

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## NOTE FROM THE PRESIDENT

### Looking Back & Ahead

The Rockville Bike Hub (RBH) recently celebrated 10 years in operation. Looking back at where we started, we've come a long way. Taking over the TERRIFIC Kids program from Bikes for the World was a big risk. Could we get enough bikes and get them fixed for 30-35 kids? I was nervous at that first giveaway and feared we wouldn't have enough bikes in the right sizes. However, no one went away unhappy. Then we started setting up at a local farmer's market twice a month. That first season we were using mostly my extra tools and workstands until we received a Park Tool grant at the end of 2015. We did periodic workshops in borrowed or rented space and stored stuff at our homes. After some time, we got some storage space from the City of Rockville but still had to work around the weather to fix bikes. Despite these challenges, the TERRIFIC Program grew to over 70 participants by 2019. We were also able to provide a few bikes to other organizations for people in need. The pandemic obviously impacted everything for the next few years, but in 2021 we decided to start looking for a real space to call home. Thanks to Federal Realty giving us a reduced rental rate, we were able to move into indoor space at 10 N. Washington Street in November 2021. Having that space has allowed us to build a community of volunteers and supporters. This community has allowed us to keep TERRIFIC Program participation up to 70-80 and get all the bikes ready well ahead of the May giveaway. We have also been able to regularly give bikes to the Montgomery County Bike Match Program and organizations working with refugee families and others in need. In addition, we have been able to sell some of the better-quality donated bikes to help improve revenue. RBH is financially healthy with increased revenue from donations and sales. All this growth would not have been possible without indoor space, and the ability of our community of volunteers to work year-round.

Moving into indoor space was a turning point for RBH. As I started writing this, we have had to move out of that indoor space. We are now at another turning point. We have the financial resources to look at signing a multi-year lease and as I finish this report, we are about to sign a 3-year lease on new space. We are now big enough to start considering the need for better tracking



## Rockville Bike Hub 2024 Annual Report

of financial details, volunteer hours and client needs. I'm looking forward to seeing where RBH stands in another few years, but all of this will require not just more volunteers fixing bikes, or more bike donations, but more administrative support.

I hope this Annual Report shows what we have been able to accomplish with relatively modest resources and will inspire growth in support to help RBH move into our next phase.

*Steve Andruski*



In September 2024 we received a surprise visit from Stephen Nightingale (right), one of our founding board members shown here with Sophie Chan-Wood and Steve Andruski



A sad event that occurred this past year was the unexpected death of our friend and dedicated volunteer Tom Rounds. Tom was a knowledgeable mechanic and patient teacher. We miss him and think of him frequently.



## EVENTS

### City of Rockville MLK Celebration Salute to Non-profits (January 13, 2024)



Sophie Chan-Wood and Connie Bertka staffed a table for RBH at this Dr. Martin Luther King, Jr. celebration. In addition to talking to attendees about RBH, they had a small service project for attendees. Montgomery County had donated bicycle lights for RBH to install on bikes being donated to other charitable organizations. Attendees help put batteries in the lights and test them for operation.

### Give-a-Hoot Comedy Club fundraiser (February 2-3, 2024)

The Rockville Bike Hub held a fundraising event with the Give-a-Hoot comedy club on Friday evening February 2<sup>nd</sup> and Saturday evening February 3<sup>rd</sup>. The event was well attended and a total of \$815 was raised.

### Cub Scout Pack 493 Bike Rodeo (April 14, 2024)

Scout leaders created a bike rodeo event for pack members to learn safe cycling skills while RBH volunteers were on hand to provide bike safety checks for both the scouts and members of the Unitarian Universalist Congregation of Rockville, the chartered organization for pack 493.



### Tour de Cookie (May 4, 2024)

This was our 10<sup>th</sup> appearance at Tour de Cookie providing mechanical support for the riders. Despite some rain, and chilly conditions, the 139 riders had a good time with only a few needing assistance before or after the ride.





### Bike To Work Day (May 17, 2024)

The Rockville Bike Hub provided mechanical support for riders participating in Bike to Work Day at the Rockville Town Square pitstop. This was our 8th time providing mechanical support for this annual event.

### Rockville TERRIFIC Kids Program Bike Giveaway (May 18, 2024)

On Saturday May 18<sup>th</sup>, the Rockville Bike Hub distributed bikes to 71 of the 80 Participants in the TERRIFIC Program. School-age students performed good deeds to earn these bikes through the City of Rockville. Several more families arranged to pick up their bikes over the following two weeks.



### Gaithersburg Fix-It Fair (June 1, 2024)

Kevin White and Steve Andruski provided bike repair services at the Fix-It Fair in Gaithersburg. This was the first time The Rockville Bike Hub participated in this event, but we expect to attend future Fix-It Fairs.

### Community Achievement Award Presentation (July 8, 2024)



The Rockville Bike Hub was presented with the Community Achievement Award from the Rockville Recreation and Parks Foundation. The award was presented by the Rockville Mayor and Council at their July 8<sup>th</sup> meeting. Board members Sophie Chan-Wood and Connie Bertka accepted the award.

### Grandkid Investigator Event (August 15, 2024)

Steve Andruski, Kevin White and Bob Sherman set up a bike maintenance workshop in conjunction with Isabel Tom's organization, The Value of Wrinkles. This event was part of their series of events helping kids engage with their grandparents.

### Presentation to Rockville Mayor & City Council (September 9, 2024)

Steve Andruski gave a presentation to the Rockville Mayor & City Council outlining the activities that the Rockville Bike Hub engages in. The purpose of the presentation was to familiarize the newly elected Mayor & Council with the wide variety of services that we provide for the community.

### The DC Bike Expo (September 14, 2024)

The Rockville Bike Hub participated in the first DC Bike Expo sponsored by the Washington Area Bicycle Association (WABA). The event was held in Georgetown. The event was well attended, and we hope this becomes an annual event like the Philly Bike Expo or Stop, Swap & Save.



### Wild Goose Chase Women's Ride (September 28, 2024)

RBH volunteers offered hands-on experience with basic bike maintenance to participants of the Wild Goose Chase, a womens only ride, in Cambridge, MD. RBH provided workshop bikes, tools and wheels for registrants to practice with. The topics covered included cleaning your bike, drivetrain maintenance, brake and derailleur adjustments, bike specific tool recommendations, the crowd-pleasing flat tire repair and a few suggestions for avoiding those flats. Dirty hands and gentle guidance were provided in two 2-hour long workshops. RBH board members Connie Bertka and Sophie Chan-Wood along with volunteer Joy Lee have provided this workshop for WGC participants since 2020.





## Montgomery County DOT Bike Donation Event (October 11, 2024)

The Rockville Bike Hub has worked with Montgomery County Department of Transportation since 2016 to run a bike donation event in conjunction with the County's community service month. This year, a total of 306 bikes were collected. The bikes were split between us (87 bikes) and Bikes for the World (136 bikes). The rest were taken to the Montgomery County Transfer Station where other organizations could collect them of their own programs. This collection event has become a significant source of donated bikes for RBH.



## Beall Avenue Asphalt Art Celebration (November 10, 2024)

Steve Andruski and Sophie Chan-Wood attended the City of Rockville's Beall Avenue Asphalt Art Celebration to commemorate the street art installed along the bike lanes on Beall Avenue in Rockville Town Square.



## PROGRAMS/SERVICES – UPDATES AND ACHIEVEMENTS

### Program: Open Shop Hours

**Service 1:** Support the supply of bicycles for the Rockville TERRIFIC Kids Program.

#### Service 1 Update:

By March 30, 2024, 143 bikes were refurbished for the 80 children who registered to participate in the Rockville TERRIFIC Kids Program. Over the last two years, we have seen an increase in the number of larger bikes needed. The bike giveaway was conducted on May 18, 2024. A total of 71 participants out of 80 picked up their bikes that day, with the rest arranging to pick up bikes over the following two weeks.

**Service 2:** Support the supply of bicycles to other charitable organizations.

#### Service 2 Update:

Open shop hours provide space and time to refurbish bicycles for other organizations. In 2024, the following organizations were supported:

- 7 bikes were provided to families through New Neighbors Interfaith Alliance (NNIA)
- 3 bikes were provided for students at Rosemont Elementary School in Gaithersburg
- One bike was provided to Career Catchers for a homeless man
- 22 bikes were provided for the Montgomery County Bike Match Program.
- A vintage Santana tandem was donated to the Metro Washington Association of Blind Athletes



In addition, 120 non-refurbished bikes were passed on to Bikes for the World.

**Service 3:** Support the supply of economically priced bicycles for sale.

#### Service 3 Update:

Open shop hours provide volunteers with space and time to refurbish bicycles. During 2024, approximately 137 refurbished bikes were sold and around 31 bikes sold “as is” bringing in \$29,371.20 in revenue. Facebook Marketplace has been the primary medium for advertising used

## Rockville Bike Hub 2024 Annual Report

bicycles. Periodic “Tag Sales” have also been effective in bringing people to the shop to find bikes. We are discussing better ways to advertise bicycles and engage potential customers.

**Service 4:** Provide education on bike maintenance and repair, supporting a part of our mission – education.

### **Service 4 Update:**

We estimate that approximately 40 people each month receive help during Open Shop Hour sessions. The needs range from simple bike adjustments or replacing consumables like tires, tubes or brake pads, to installing replacement parts. We are looking at improving our tracking of both clients and volunteers to determine where more resources are needed to improve this service. We also hope to reinvigorate our special topics workshops.

### **Program: Provide Bicycle Mechanical Support/Services for Special Events**

In 2024, The Rockville Bike Hub provided mechanical support or services for the following events:

- Tour de Cookie (May 4, 2024)
- Bike to Work Day (May 17, 2024)
- Gaithersburg Fix-It Fair (June 1, 2024)
- Grandkid Investigator Event (August 15, 2024)
- Wild Goose Chase Women’s Ride (September 28, 2024)

The Gaithersburg Fix-It Fair and Grandkid Investigator Event were new events supported in 2024.





## 2024 FINANCIALS

### 2024 Combined Statement of Activities and Functional Expenses

#### Support and Revenue

Sales <sup>1</sup>	\$ 34,419
Refurbished Bicycles	26,971
As-is Bicycles	2,400
Parts/accessories	5,048
Donations <sup>2</sup>	34,107
<b>Total Support &amp; Revenue</b>	<b>68,526</b>

#### Expenses

Occupancy <sup>3</sup>	\$ 11,728
Sales Tax	2,213
Insurance	3,081
Tools & Equipment	691
Management, Program Services, and General	2,805
<b>Total Expenses</b>	<b>20,518</b>

Net Revenue \$ 48,008

<sup>1</sup> Volume of transactions and monthly sales vary. Revenue generated directly from refurbished bicycles is based on the condition of the bicycle, effort to refurbish, and market offerings of the bicycle style or type (e.g., BMX, Mountain Bike, Tandem, etc.).

<sup>2</sup> Donations represent individual donations and donations for shop time throughout 2024. Some individual donations are through a Patreon membership program.

<sup>3</sup> Occupancy expenses based on 10 N. Washington location.

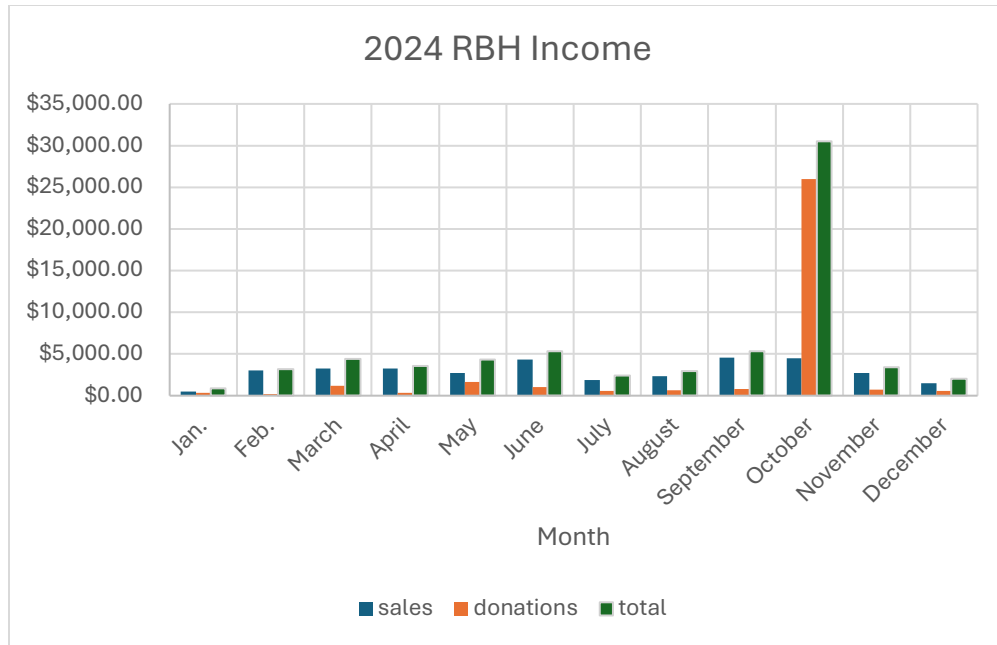


Figure 1. 2024 RBH Income

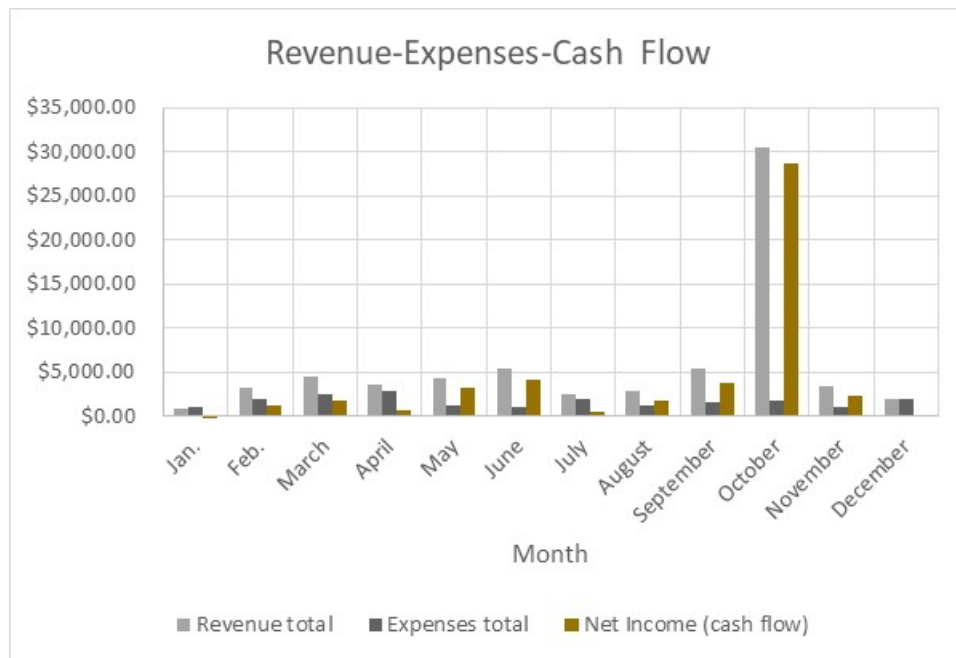


Figure 2. 2024 Revenue/Expenses/Cash Flow



Figure 3. 2024 Revenue Breakdown

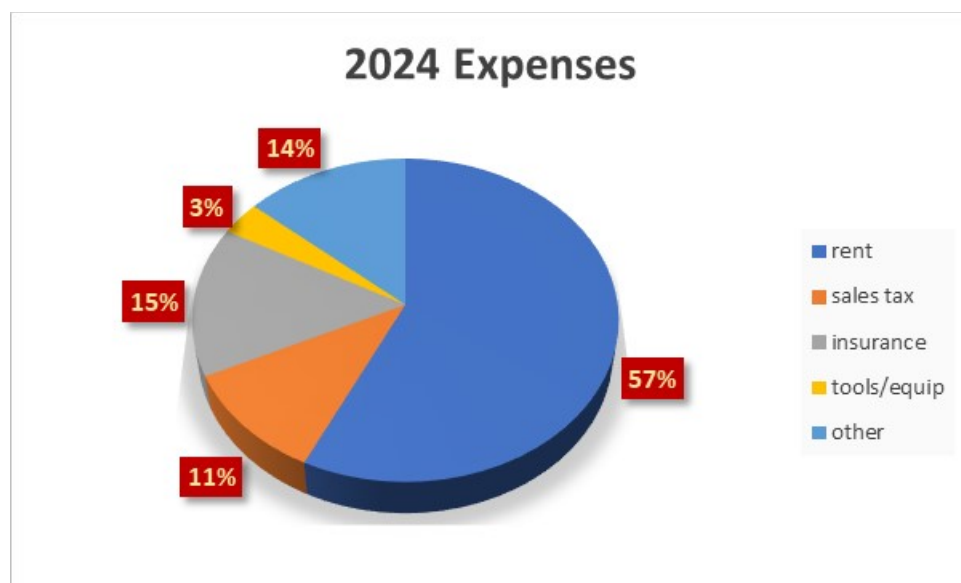


Figure 4. 2024 Expenses



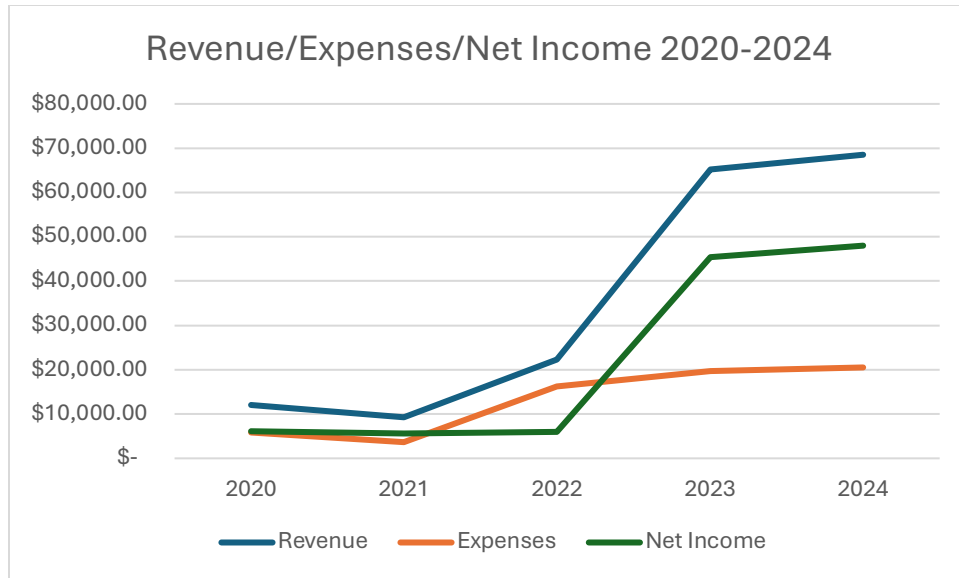


Figure 5. Revenue, Expenses & Net Income for 2020-2024<sup>4</sup>

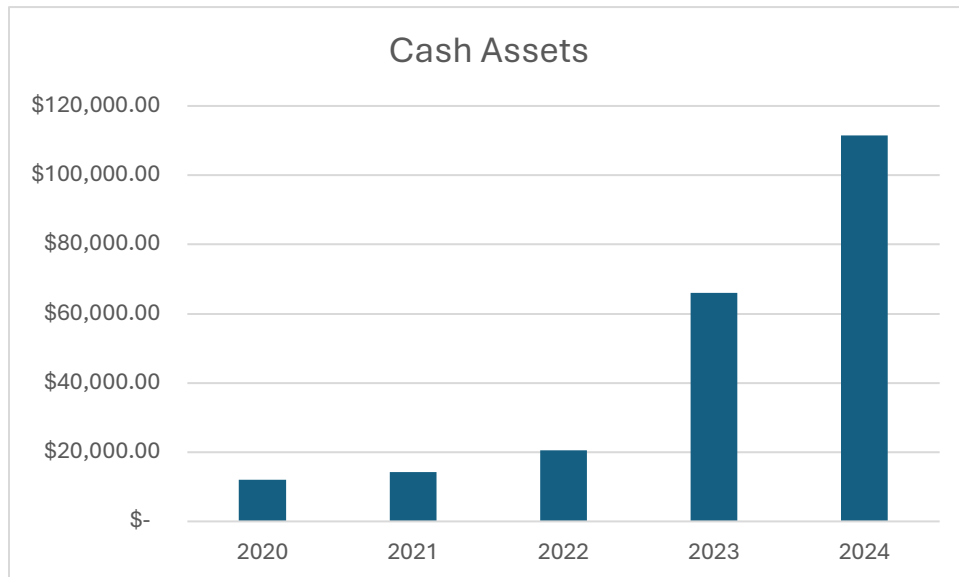


Figure 6. Cash Assets

<sup>4</sup> Note that in November 2021 we began occupying the indoor space at 10 N. Washington Street and occupied that space until February 20, 2025. Also, in 2023 and 2024 we received substantial donations from one donor who wanted to support our ability to maintain that indoor space.

## APPENDIX

State of Maryland Annual Report Return

IRS Form 990-EZ

IRS Form 990 Schedule A

IRS Form 990 Schedule O



# ANNUAL REPORT

MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION  
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2025  
Form 1**

Due April 15  
Date Received  
by Department  
**03/04/2025**

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input checked="" type="checkbox"/> Domestic Non-Stock Corporation	(D)	-0-	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$300

## SECTION I

Name of Business: **THE ROCKVILLE BIKE HUB, INCORPORATED**

Mailing Address: **624 EDMONSTON DR, ROCKVILLE, MD 20851**

☐ Address has been changed

Department ID Number: **D16090417**

Federal Employee Identification Number: **471974411**

State of Incorporation/Formation: **MD**

Date of Incorporation/Formation: **09/15/2014**

NAICS/Federal Principal Business Code: **811490** Email: **SWANDRUSKI@GMAIL.COM**

Nature of Business: **N/A**

Trading As Name: **THE ROCKVILLE BIKE HUB**

Total Gross Sales: **\$ 34,419**

Workers affiliated with business:

Employer Information: **Reviewed**

## SECTION II

### A. Corporate Officers

President:  
**STEPHEN ANDRUSKI**  
**ROCKVILLE MD 20851**

Vice President:

Secretary:

Treasurer:  
**CONSTANCE BERTKA**  
**POTOMAC MD 20879**

### B. Directors

**STEPHEN ANDRUSKI**  
**CONSTANCE BERTKA**  
**SOPHIE CHAN-WOOD**  
**FELIX SITHIPHONE**

Total Number of Directors: **4**

Total Number of Female Directors: **2**



### SECTION III

- A. Is this business a ☒ YES ☐ NO
1. commercial enterprise or business that is formed in Maryland or does business in Maryland; or
  2. a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?
- 
- B. Is this business a limited liability company (LLC) owned by a single member? ☐ YES ☒ NO
- 
- C. Is this business a privately held company with at least 75% of the company's shareholders who are family members? ☐ YES ☒ NO
- 
- D. Is this business an entity that ☒ YES ☐ NO
1. Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000 and
  2. has neither qualified for nor applied for, and does not intend to apply for, a State benefit\*?

\*A "State benefit" means

1. a State capital grant funding totaling \$1.00 million or more in a single fiscal year;
2. State tax credits totaling \$1.00 million or in a single fiscal year; or
3. the receipt of a State contract with a total value of \$1.00 million or more. "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

### SECTION IV

- A. Does the business own, lease, or use personal property, including inventory and excluding licensed vehicles, located in Maryland with a total original cost of \$20,000 or more? ☐ YES ☒ NO
- 
- B. Did the entity dispose, sell or transfer ANY of its business personal property prior to January 1? ☐ YES ☒ NO

### SECTION V

By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

#### A. Corporate Officer or Principal of Entity

Name: **STEPHEN ANDRUSKI**

Mailing Address:

Email: **SWANDRUSKI@GMAIL.COM**

Phone: **5189286799**

Date: **03/04/2025**

#### B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return

Name:

Mailing Address:

Email:

Phone:

Date:

## CORPORATE DIVERSITY ADDENDUM

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1. Are you an entity that is required to be in good standing with the State Department of Assessments and Taxation ("SDAT"), and meets the following definition: ☒ YES ☐ NO

1. A commercial enterprise or business that is formed in the State or registered with SDAT to do business in the State; or
2. A corporation, foundation, school, hospital, or other legal entity for which none of the net earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?

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2. Check the appropriate box if you are any of the following types of entities:

- ☐ Limited Liability Company (LLC) owned by a single member
- ☐ Privately held company if at least 75% of the company's shareholders are family members
- ☒ Entity that:
1. has an annual operating budget or annual sales less than \$5,000,000; and
  2. has not qualified for or applied for, and does not intend to apply for, a State benefit
- ☐ None of the above

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## CORPORATE DIVERSITY ADDENDUM

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I. Select below the underrepresented communities which are represented on this entity's board or in executive leadership. Select all that apply.

- ☐ Alaska Native
- ☐ Asian-Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native American
- ☐ Native Hawaiian
- ☐ One or more of the racial or ethnic groups listed above
- ☐ None of the above

II. Check the box next to the following Corporate Diversity indicators that pertain to this entity. Note that references to underrepresented communities refer to communities listed in the question above. The examples provided are intended to be representative, not exclusive. Select all that apply.

- ☐ Entity maintains written workforce diversity, equity, and inclusion (DEI) policies.
- ☐ Entity offers DEI training to its workforce.

## CORPORATE DIVERSITY ADDENDUM

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- ☐ Entity assigns a senior-level employee as responsible for oversight and direction of the entity's DEI efforts.
- ☐ Entity reports performance of its workforce DEI programs on its website.
- ☐ Entity includes DEI objectives in performance plans of its managers.
- ☐ Entity publishes information on its website about its DEI commitments and efforts.
- ☐ Entity provides career advancement training/opportunities for employees, including members of underrepresented communities.
- ☐ Entity collaborates with educational institutions, or is an educational institution, serving significant or predominant student populations or affinity groups from underrepresented communities (e.g., career fairs, scholarships, internships, apprenticeships).
- ☐ Entity has a supplier diversity policy that provides business opportunities to diverse suppliers, including businesses owned by members of underrepresented communities, such as State-certified Minority Business Enterprises (MBEs).
- ☐ Entity publicizes its procurement opportunities to encourage participation from businesses owned by members of underrepresented communities.
- ☐ Entity measures percentage of contract dollars awarded to businesses owned by members of underrepresented communities, including MBEs.
- ☐ Entity provides support and outreach to underrepresented communities and/or organizations that represent underrepresented communities.

## AFFIDAVIT

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UNDER PENALTIES OF PERJURY, I declare that I have examined this Corporate Diversity Addendum, and to the best of my knowledge and belief, it is true, correct, and complete.

Entity/Business Name: **THE ROCKVILLE BIKE HUB, INCORPORATED**

---

Federal Employer ID Number (FEIN): **471974411**

SDAT ID Number: **D16090417**

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### Entity's representative completing this Affidavit

Name: **STEPHEN ANDRUSKI**

Title: **PRESIDENT**

Signature: **STEPHEN ANDRUSKI**

Date: **3/4/2025 5:53:03 PM**

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# Balance Sheet

Enter the Year  
**2025**

Form 4A

Name of Business Rockville Bike Hub

Maryland Department  
ID Number

**D** 1 6 0 9 0 4 1 7

	Beginning of Period			End of Period		
	1	1	2,024	12	31	2,024
	month	day	year	month	day	year
	WITHIN MARYLAND	TOTAL*		WITHIN MARYLAND	TOTAL*	
<b>ASSETS</b>						
<b>CURRENT ASSETS</b>						
1. Cash	66,014			111,481		
2. Marketable Securities						
3. Accounts Receivable						
4. Inventory						
5. Other Current Assets						
<b>PROPERTY, PLANT AND EQUIPMENT</b>						
6. Land						
7. Buildings						
8. Leasehold Improvements						
9. Equipment	4,755			5,445		
10. SUBTOTAL Property, Plant and Equipment	4,755	0		5,445	0	
11. Accumulated Depreciation (Negative Number)	-2,334			-2,878		
12. Net Property, Plant and Equipment	2,421	0		2,567	0	
<b>INTANGIBLE AND OTHER ASSETS</b>						
13. Intangible						
14. Other (provide schedule)						
15. TOTAL ASSETS	68,435	0		114,048	0	
<b>LIABILITIES AND EQUITY</b>						
<b>CURRENT LIABILITIES</b>						
16. Accounts Payable	19,717			20,517		
17. Other Current Liabilities						
<b>LONG TERM LIABILITIES AND EQUITY</b>						
18. Mortgage, Notes, Bonds Payable						
19. Other Long Term Liabilities						
20. Capital Stock						
21. Paid in or Capital Surplus						
22. Retained Earnings	48,718			93,531		
23. Other						
24. TOTAL LIABILITIES AND EQUITY	68,435	0		114,048	0	

\*Omit TOTAL columns when all assets are located in Maryland.

This form was printed from the DAT website.



Depreciation Schedule  
PROPERTY IN MARYLAND AS OF 12/31/2024

	TOTAL COST	DEPRECIATION THIS YEAR	ACCUMULATED DEPRECIATION	BOOK VALUE
1. Land				0
2. Building				
3. Leasehold Improvements				
4. Transportation Equipment (Registered) <sup>A</sup>				
5. Transportation Equipment (Not Registered and Interchangeable Registrations)				
6. Furniture & Fixtures				
7. Machinery & Equipment	5,445	544	2,878	2,567
8. Other (Specify)				
9. Totals: <sup>B</sup>	5,445	544	2,878	2,567
10. Expensed Property (Not Reported on Depreciation Schedule) <sup>C</sup>				
11. Exempt Personal Property <sup>D</sup> (Included in line 9 above and not reported on the return.)				

Type of Organization

☒ Charitable

☐ Religious

☐ Educational

☐ Veterans

☐ Other

SPECIFY

EXEMPTION CLAIMED

Type of Property

☐ Vehicles (Registered)

☐ Vessels (under 100 ft.)

☐ Aircraft

☐ Farming Implements (Farmers Only)

☐ Rental Heavy Equipment<sup>E</sup>

☐ Other

SPECIFY

- A. Vehicles with Interchangeable Registrations (dealer, recycler, finance company, special mobile equipment, and transporter plates) are to be reported on line 5.
- B. Total line must equal Line 10 on the Balance Sheet Form 4A.
- C. Include all expensed property located in Maryland not reported on the Depreciation Schedule Form 4B.
- D. If exempt property is owned check the appropriate boxes under line 11. Exempt organizations need to provide written justification for the claimed exemption with the return. Organizations required to file IRS Form 990 should also submit a copy of the latest available filing.
- E. For Rental Heavy Equipment Only – An entity must meet all of the following provisions: 1) largest segment of its total receipts is from the short-term lease or rental of heavy equipment at retail without operators; 2) it must be defined under Code 532412 of the North American Industry Classification System; 3) the property must meet the definition of heavy equipment property in § 9-609(D)(5) of the Political Subdivisions Article and 4) the lease or rental of the heavy equipment property is for a period of 365 days or less.

DISPOSAL AND TRANSFER RECONCILIATION

	BALANCE January 1, 2024	ACQUISITIONS during 2024	TRANSFERS IN during 2024	*TRANSFERS OUT & DISPOSALS during 2024	BALANCE January 1, 2025
1. Furniture, Fixtures, Tools Machinery and Equipment					
2. Motor Vehicles					
3. Manufacturing/R&D Equip.					
4. Leased Property					
5. Totals	0	0	0	0	0

This section must be completed by those businesses which transferred or disposed of personal property located in Maryland during the prior year. Property "Transferred In" from locations outside Maryland, property acquired and property "Disposed Of" or "Transferred Out" during the prior year must be reported above and reconciled with the totals from last year's return.

\* If transfers out and disposals made during the prior year are more than \$200,000 or greater than 50% of the total property reported as of January 1<sup>st</sup> of the prior year, complete the information below.

TRANSFERS	Date of transfer:	Location where transferred?	
		City:	State:
DISPOSALS	Date of disposal:	Manner of disposal? (sale, junked, donation, etc.)	Name of buyer? (For Sales Only)

## Return of Organization Exempt From Income Tax

2024

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROCKVILLE BIKE HUB</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 10696</b> City or town, state or province, country, and ZIP or foreign postal code <b>Rockville, MD 20849</b>
<b>D</b> Employer identification number <b>47-1974411</b>	
<b>E</b> Telephone number <b>518-928-6799</b>	
<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): _____	
<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990).	
<b>I</b> Website: <a href="http://www.rockvillebikehub.org">www.rockvillebikehub.org</a>	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other: _____	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ <b>68,526</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>34,107</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>0</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>0</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>0</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b>	Gaming and fundraising events:		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>0</b>
	<b>b</b>	Gross income from fundraising events (not including \$ <b>0</b> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>0</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>0</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>0</b>	
Revenue	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>34,419</b>
	<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>
	<b>c</b>	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>34,419</b>
	<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>0</b>
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>68,526</b>
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>0</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>11,728</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>0</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>8,789</b>
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>20,517</b>
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>48,009</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>48,718</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>-3,196</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>93,531</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2024)



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	<input type="checkbox"/>	<input type="checkbox"/>
section 4911: 0; section 4912: 0; section 4955: 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0	<input type="checkbox"/>	<input type="checkbox"/>
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed: MD	<input type="checkbox"/>	<input type="checkbox"/>
<b>42a</b> The organization's books are in care of: Constance Bertka Telephone no. 301-509-8507 Located at: 1108 Churchview Lane, Rockville, MD 20854-2943 ZIP + 20854-2943	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> 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)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

	Yes	No
<b>46</b>		✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		✓

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

<b>48</b>		✓
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		✓
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . .

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>Stephen Andruski, President</b>		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

SCHEDULE A  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

Name of the organization

ROCKVILLE BIKE HUB

Employer identification number

47-1974411

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **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.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,884	9,267	4,652	45,883	34,107	106,793
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	12,884	9,267	4,652	45,883	34,107	106,793
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						106,793

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	12,884	9,267	4,652	45,883	34,107	106,793
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	17,619	19,297	34,419	71,335
<b>11 Total support.</b> Add lines 7 through 10						178,128
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				12		0
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	59.95 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	15	60 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 $\frac{1}{3}$ % support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 $\frac{1}{3}$ %, and line 17 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- b 33 $\frac{1}{3}$ % support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 $\frac{1}{3}$ %, and line 18 is not more than 33 $\frac{1}{3}$ %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ☐



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2025. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . .			
<b>b</b> Excess from 2021 . . .			
<b>c</b> Excess from 2022 . . .			
<b>d</b> Excess from 2023 . . .			
<b>e</b> Excess from 2024 . . .			



Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - Sales of used bicycles refurbished by volunteers.

Schedule A, Part II, Line 15 - We did not file a 990-EZ last year since income had been typically less than \$50,000. Percent is estimated to be approximately the same as 2024 since there had been no significant changes to operations.

Name of the organization	Employer identification number
ROCKVILLE BIKE HUB	47-1974411

Form 990-EZ, Part I, Line 16 - Sales tax paid - \$2212.61; Insurance - \$3081.00; tools and equipment - \$690.98; Miscellaneous (office supplies, cleaning supplies, etc.) - \$2804.79: total \$8789.38

Form 990-EZ, Part I, Line 20 - accumulated depreciation for tools, charitable organization filing fee, miscellaneous transaction fees

Form 990-EZ, Part II, Line 26 - rent, sales tax, insurance, tools and equipment, miscellaneous expenses - \$20,517

Other Assets Structured Explanation

Description	EOY Amount
book value of tools and equipment	2,567
Total:	2,567

Form **8453-TE****Tax Exempt Entity Declaration and Signature for E-file**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or tax year beginning 01/01/2024 and ending 12/31/2024For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP  
Go to [www.irs.gov/Form8453TE](http://www.irs.gov/Form8453TE) for the latest information.**2024**

Name of filer

**ROCKVILLE BIKE HUB**

EIN or SSN

**47-1974411****Part I Type of Return and Return Information**

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b>	Form 990 check here	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	
<b>2a</b>	Form 990-EZ check here	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	68,526
<b>3a</b>	Form 1120-POL check here	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b>	Form 990-PF check here	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b>	
<b>5a</b>	Form 8868 check here	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b>	Form 990-T check here	<input type="checkbox"/>	<b>b</b>	Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b>	Form 4720 check here	<input type="checkbox"/>	<b>b</b>	Total tax (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b>	Form 5227 check here	<input type="checkbox"/>	<b>b</b>	FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>	
<b>9a</b>	Form 5330 check here	<input type="checkbox"/>	<b>b</b>	Tax due (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b>	Form 8038-CP check here	<input type="checkbox"/>	<b>b</b>	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration of Officer or Person Subject to Tax**

**11a** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

**b** ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that ☒ I am an officer of the above named entity or ☐ I am the person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund.

Sign Stephen Andruski

March 04, 2025

Stephen Andruski, President

Here Signature of officer or person subject to tax

Date

Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.