Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



ΑI	For the	e 2011 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identif	ication number
	Addre]	
	Name Chang	Doing Business As	23-7	305477	
	Initial		E Telephone number		
	Termi ated	2555 Olicario Road, NW		202-	518-0524
	Amen	City or town, state or country, and $\angle IP + 4$		G Gross receipts \$	945,019.
		Washingcon, DC 20009		H(a) Is this a group r	
	pendi	F Name and address of principal officer: Snane Fartning		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	a list. (see instructions)
		te:▶ www.waba.org		H(c) Group exemption	
K	orm o	f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1973	M State of legal domicile: DC
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities: Prom	otion	of cycling	and safety.
Governance					
er n.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net a	
No.	3	Number of voting members of the governing body (Part VI, line 1a)			13
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		11	
Activities &	6	Total number of volunteers (estimate if necessary)		1300	
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		660,996.	
enu	9	Program service revenue (Part VIII, line 2g)		619,402.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,361.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,555.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,279,204.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		351,351.	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)		567,766.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďX	b	Total fundraising expenses (Part IX, column (D), line 25) 45,6	10.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		484,560.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,403,677.	
	19	Revenue less expenses. Subtract line 18 from line 12		-124,473.	-66,164.
s or			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		442,452.	346,544.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		62,643.	
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		379,809.	313,645.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	

Sign	Signature of officer		Date
Here	Shane Farthing, Execut	ive Director	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	James E. Marshall, Jr.		07/10/12 ^{if} P00841360
Preparer	Firm's name 💊 SB & Company, LI		Firm's EIN 20-2153727
Use Only	Firm's address 200 Internationa	al Circle, Suite 55	00
	Hunt Valley, MD	21030	Phone no. (410) 584-0060
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
		and the second stratements in the second stratement is the second strat	E 000 (0011

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2011) Washington Area Bicyclist Association rt III Statement of Program Service Accomplishments	23-7305477	Page 2
га	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: Promotion of cycling and safety.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	ces?Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun others, the total expenses, and revenue, if any, for each program service reported.		
4a	050, 204	Revenue \$ 33, shipped to don	780.) ees
4b	Membership Program & Services - Provided newsletter s		<u>991.</u>) ures
	on various topics, and organized events for members.		
4c		Revenue \$)
	Promotion of cycling-Encouraged more people to ride b bicycling for transportation to the broader region th events, meetings, social media, and grassroots engage	rough outreach	
	Other program services (Describe in Schedule O.) (Expenses \$ 136,899 • including grants of \$) (Revenue \$	29,345.)	
13200		Form 9	90 (2011)
02-09- 270	- ¹² 2 0710 138138 WAB001.0 2011.03010 Washington Area B:	icvclist A WAB(01 1

Form 990 (2011

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		х
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
15	or entity located outside the United States? 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 assistance to individuals	10		
	located outside the United States? 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		X
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011)

132003 01-23-12

4 2011.03010 Washington Area Bicyclist A WAB001_1

Form 990 (2011)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25	24a		X
b	5 71 1 7 1 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
4	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	Section 501(c)(3) and 501(c)(4) 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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
D	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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		28a		X
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Δ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		23
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	17	

Form 990 (2011) Washington Area Bicyclist Association
Part IV Checklist of Required Schedules (continued)

Form 990 (2011)

Form 990 (2011)Washington Area Bicyclist AssociationPart VStatements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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 organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
	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:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

132005 01-23-12

Washington Area Bicyclist Association

23-7305477 Page 6

VI	Governance, N	<i>l</i> lanagement,	, and Discl	osure For each	"Yes" response	e to lines 2 through	17b below, and	for a "No"	response
	to line 8a, 8b, or 10	b below, describ	e the circums	tances, processes	, or changes in	Schedule O. See	instructions.		

Check if Schedule O contains a response to any question in this Part VI

ſ	X	

Sec	tion A. Governing Body and Management								
10	Enter the number of voting members of the governing body at the and of the tay year	1a	1	3	Yes	No			
Ia	Enter the number of voting members of the governing body at the end of the tax year	la							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	.3					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			-					
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under th								
	of officers, directors, or 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 w	as filed?	. 4		X X			
5									
6	•								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			. 7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, a	stockh	olders, or						
	persons other than the governing body?			. 7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				37				
	The governing body?				X				
b	Each committee with authority to act on behalf of the governing body?			. 8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reading the part of the section of addresses in Schodula O			9		x			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal F		e Code)	. 9		<u></u>			
000		evenu	e Coue./		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. 12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	′es," a	lescribe						
	in Schedule O how this was done				X				
13	Did the organization have a written whistleblower policy?				X				
14	Did the organization have a written document retention and destruction policy?			. 14	X				
15	Did the process for determining compensation of the following persons include a review and approv	-	ndependent						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			15a	x				
	Other officers or key employees of the organization			15a	X				
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			. 150					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?			. 16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD , VA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	/) availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	ot interest policy,	and fina	ncial				
00	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a Shane Farthing $-202-518-0524$	ina rea	ords of the organi	zation:					
	2599 Ontario Road, NW, Washington, DC 20009								
13200 01-23-				Form	990 ((2011)			
5,20-	6			7 0.11					

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(do box	not c , unle	(C) Position check more than one ess person is both an ind a director/trustee)				compensation	(E) Reportable compensation	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Mark Blacknell President	1.00	x		x				0.	0.	0.
(2) Martin Moulton Vice President	1.00	x		x				0.	0.	0.
(3) Paul d'Eustachio Treasurer	1.00	x		x				0.	0.	0.
(4) Randall Myers										
Secretary (5) Kendall Dorman	1.00	X		X				0.	0.	0.
director (6) Eric Fingerhut	1.00	X						0.	0.	0.
director (7) Emily Littleton	1.00	X			-			0.	0.	0.
director (8) Phil Lyon	1.00	X						0.	0.	0.
director (9) Jim Titus	1.00	x						0.	0.	0.
director	1.00	x						0.	0.	0.
(10) Dana Wolfe director	1.00	x						0.	0.	0.
(11) Peter Gray director	1.00	x						0.	0.	0.
(12) Shane Farthing Executive Director	40.00			x				75,000.	0.	3,744.
132007 01-23-12	1	I	I		1	_		1		Form 990 (2011)

7

09270710 138138 WAB001.0

									ssociation	23-73	054	177	P	age 8
Par	t VII Section A. Officers, Directors, Tru		nplo	oyee			High	est		ees (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	an	(F) stimate nount other	
(describe hours for related organizations in Schedule O) Highest on house in Schedule O) (O) Highest on hours for related O) (O) Highest on hours for related O) (O) (O) (O) (O) (O) (O) (O) (O) (O)									the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom th anizat d relat anizati	e ion ed
c d	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		·····	· · · · · · ·				75,000.		0.0.0		3,7 3,7	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	DOV	e) wr	10 r	eceived more than \$100	J,000 of reportable	9			0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>								highest compensated e			3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4		X
	rendered to the organization? If "Yes," com	•										5		Х
<u> </u>	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t	•	•								pensa	tion 1	from	
	(A) Name and business			ONE		VILLI			(B) Description of s		Сс	(C ompe	C) nsatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis 0	stec	above) who received n	nore than	F	orm	990 (;	2011)

|--|

Washington Area Bicyclist Association 23-7305477 Page 9

Pa	rt VII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f h 2 a	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a-1f Membership Dues Registration fee	1b 1c 1d onns) 1e 1e 1e <t< th=""><th>501,604. 214,334. 56,265. ▶ Business Code 900099 900099</th><th>715,938. 158,991. 33,780.</th><th>158,991. 33,780.</th><th></th><th></th></t<>	501,604. 214,334. 56,265. ▶ Business Code 900099 900099	715,938. 158,991. 33,780.	158,991. 33,780.		
-		All other program service reven			192,771.			
	<u> </u>	Total. Add lines 2a-2f Investment income (including d other similar amounts) Income from investment of tax- Royalties	lividends, intere exempt bond p	est, and proceeds	6,965.			6,965.
	b c d	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(ii) Personal				
	b	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securites					
		Net gain or (loss)		►				
Other Revenue		Gross income from fundraising including \$ contributions reported on line 1 Part IV, line 18						
Ĕ	b	Less: direct expenses						
5	с	Net income or (loss) from fundr	aising events	►				
		Gross income from gaming acti Part IV, line 19	а					
		Less: direct expenses Net income or (loss) from gamir						
		Gross sales of inventory, less re and allowances	eturns					
		Less: cost of goods sold Net income or (loss) from sales	of inventory					
	11 a b	Miscellaneous Revenue Miscellaneous Ir	ncome/S	Business Code 900099	29,345.	29,345.		
	c							
		All other revenue						<u> </u>
		Total. Add lines 11a-11d		►	29,345.			
	12	Total revenue. See instructions.	<u></u>	>	945,019.	222,116.	0.	6,965.
13200 01-23	9 -12							Form 990 (2011)

09270710 138138 WAB001.0

9

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) but are not required to complete columns (B), (C), and (D).

	Obselvit Celesdule O senteires a version		a Davit IV		
	Check if Schedule O contains a respons	(A)	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
Ŭ	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	78,743.	63,734.	8,255.	6,754.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	359,017.	290,583.	37,639.	30,795.
8	Pension plan accruals and contributions (include			. ,	
^	section 401(k) and section 403(b) employer contributions)	59,354.	6,509.	52,759.	86.
9 10	Other employee benefits	37,291.	12,735.	24,177.	379.
11	Payroll taxes Fees for services (non-employees):	5772510	-2,,55.		5,5
	Management				
	Legal				
	Accounting	22,825.		22,825.	
	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		39,077.	28,450.	10,564.	63.
12	Advertising and promotion	550.	215.	335.	
13	Office expenses	70,349.	38,823.	24,131.	7,395.
14	Information technology	18,292.	1,219.	17,073.	
15	Royalties				
16	Occupancy	47,663.		47,663.	
17	Travel	22,500.	16,816.	5,684.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.2.0	600	200	120
19	Conferences, conventions, and meetings	938.	600.	200.	138.
20					
21	Payments to affiliates	3,528.		3,528.	
22	Depreciation, depletion, and amortization	3,528. 8,755.	1,749.	7,006.	
23 24	Insurance Other expenses. Itemize expenses not covered		1,143.	7,000.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Transfer	172,632.	172,632.		
b	Donated Bikes	56,265.	56,265.		
c d	Miscellaneous	13,404.	4,633.	8,771.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,011,183.	694,963.	270,610.	45,610
26	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)				

132010 01-23-12

Form 990 (2011)

09270710 138138 WAB001.0

10

Form 990 (
Part X	Bal	lance	Sheet

Washington Area Bicyclist Association 23-7305477 Page 11

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		120,774.	1	83,753.
	2	Savings and temporary cash investments		198,119.	2	169,456.
	3	Pledges and grants receivable, net		17,351.	3	74,483.
	4	Accounts receivable, net		76,996.	4	
	5	Receivables from current and former officers, di				
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ictions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		7,800.	8	
	9	Prepaid expenses and deferred charges		2,572.	9	3,539.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D		•		10 000
		Less: accumulated depreciation				10,283.
	11	Investments - publicly traded securities			11	555.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		4,475.	14	4,475.
	15	Other assets. See Part IV, line 11		110 150	15	346,544.
	16	Total assets. Add lines 1 through 15 (must equ		62,643.	16 17	32,899.
	17 18	Accounts payable and accrued expenses		02,043.	17	52,055.
	10 19	Grants payable		19		
	20	Deferred revenue		20		
6	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete			20	
itie	22	Payables to current and former officers, director			21	
Liabilities		highest compensated employees, and disqualifi				
Ľ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		62,643.	26	32,899.
		Organizations that follow SFAS 117, check he	ere 🕨 🔟 and complete			
Sec		lines 27 through 29, and lines 33 and 34.		242 604		071 000
and	27	Unrestricted net assets		343,694.	27	271,098.
Bal	28	Temporarily restricted net assets		36,115.	28	42,547.
pu	29				29	
Ľ.		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
S O	~~	complete lines 30 through 34.				
Net Assets or Fund Balances	30 21	Capital stock or trust principal, or current funds			30	
tAŝ	31 32	Paid-in or capital surplus, or land, building, or ec			31 32	
Ne	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances		379,809.		313,645.
	33 34	Total liabilities and net assets/fund balances		442,452.	33	346,544.
	0-1					Form 990 (2011)

Form	1990 (2011) Washington Area Bicyclist Association	23-73	05477	Pag	_{ae} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,011					
3	Revenue less expenses. Subtract line 2 from line 1	3			64.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	379	9,8	09.			
5	5 Other changes in net assets or fund balances (explain in Schedule O)5							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	313	3,6	45.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question 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							
2a	5 1 5 1 				<u>X</u>			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•						
	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 in Sch							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		<u>X</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				0011)			

Form **990** (2011)

132012 01-23-12

(Form 99	DULE A 90 or 990-EZ)	Complet	blic Charity St te if the organization is 4947(a)(1) no	a section onexempt	501(c)(3) charitabl	organizat e trust.	tion or a s	ection	ł	OMB No.	11	
	the organizati		tach to Form 990 or Fo	orm 990-E	Z. 🏲 See	separate	Instructio		mplover i	dentificat		mber
Nume of	and of gamzati		ton Area Bic	vclis	t Ass	ociat	ion	-		3-7305		
Part I	Reason		ity Status (All organiz					tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🛄			s, or association of chur									
2			'0(b)(1)(A)(ii). (Attach Sc									
3	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	A)(iii).					
4	A medical res	earch organization o	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	he hospita	's nam	ıe,
	city, and stat											
5 📖			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
		(b)(1)(A)(iv). (Comple										
6			ent or governmental uni									
7 X	-	-	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	ribed i	n
•	-	b)(1)(A)(vi). (Comple		(a	-							
8	-		ection 170(b)(1)(A)(vi).		-							<i>.</i>
9 📖	-	•	eives: (1) more than 33							-		
			nctions - subject to certa									
		509(a)(2). (Complete	axable income (less sect	lion on la		1511165565	acquired b	y the orga	anization a		50, 197	5.
10			perated exclusively to te	et for publi	ic safety (Saa sactio	n 500(a)(4	N				
11	-	•	perated exclusively to te	-	•			-	v out the i	nurnoses (of one	or
	-		ations described in section									01
			organization and compl								that	
	а П Туре I	•••••	·		-	tionally int	earated		d 🗌	Type III - (Other	
e 🗌			t the organization is not	• •		•	-	r more dis		•		ın
			han one or more publicly									
f		-	ten determination from t		-							
		rganization, check th										
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (iii) below,		Yes	No
	the gove	erning body of the su	upported organization?							. 11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							. 11g(ii)		
			person described in (i) of							11g(iii)		
h	Provide the following information about the supported organization(s).											
	Name of supported (ii) FIN (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (vii) Amount of											
	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o in col. (i) lis				(vi) Is organizatio (i) organiz	on in col.	(vii) Ar		f
org	anization		(described on lines 1-9	governing			support?	i) organiz) U.S	ed in the	sup	port	
			above or IRC section (see instructions))		No	Yes		Yes				
				Yes		165	No	res	No			
									+ +			
				1								

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Total

Schedule A (Form 990 or 990 EZ) 2011 Washington Area Bicyclist Association 23-7305477 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

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

1 (dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and nembership fees received. (Do not	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
I							
	membership fees received (Do not						
i	nembership lees leceived. (Do not						
	nclude any "unusual grants.")	840,342.	1,188,908.	729,514.	660,996.	715,938.	4,135,698.
2	Tax revenues levied for the organ-						
i	zation's benefit and either paid to						
0	or expended on its behalf						
3	The value of services or facilities						
	urnished by a governmental unit to						
t	he organization without charge						
4 -	Total. Add lines 1 through 3	840,342.	1,188,908.	729,514.	660,996.	715,938.	4,135,698.
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)						
	Public support. Subtract line 5 from line 4.						4,135,698.
	tion B. Total Support					i	
	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011 715,938.	(f) Total
	Amounts from line 4	840,342.	1,188,908.	729,514.	660,996.	/15,938.	4,135,698.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 2 4	2 2 2 2	1 211	0 2 5 1		01 004
	and income from similar sources	2,064.	3,233.	1,311.	8,361.	6,965.	21,934.
	Net income from unrelated business						
	activities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital				4,307.	20 245	22 652
	assets (Explain in Part IV.)				4,307.	29,345.	
	Total support. Add lines 7 through 10		<u>``</u>			1	4,191,284. ,968,023.
	Gross receipts from related activities,	,	,				,900,023.
	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and stor tion C. Computation of Publ	ic Support Pe	rcentage				
	-		-	olumn (f)		14	98.67 %
	Public support percentage for 2011 (I Public support percentage from 2010		•			15	99.54 %
	33 1/3% support test - 2011. If the c						,,,
	stop here. The organization qualifies	-					
	33 1/3% support test - 2010. If the c						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
	10% -facts-and-circumstances tes	-	-	• • • •			
h ·							
	nore and if the organization meete th	ne "tacts.and.circu	merancee teet re				
I	more, and if the organization meets the progenization meets the "facts-and-circ						
1	nore, and if the organization meets th organization meets the "facts-and-circ Private foundation. If the organizatio	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	

132022 01-24-12

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain		1	1	1	1	1
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organ	ization,
check this box and stop here	•					·
Section C. Computation of Publi						
15 Public support percentage for 2011 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	stment Incom	e Percentage)			
17 Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , and line	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□]
b 33 1/3% support tests - 2010. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organizatior	n▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			▶∟_
132023 01-24-12			15	So	hedule A (Form 9	90 or 990-EZ) 2011

09270710 138138 WAB001.0

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

N	ame	of	the	orga	niza	tion
---	-----	----	-----	------	------	------

	Washington Area Bicyclist Association	23-7305477				
Organization type (check	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
4947(a)(1) nonexempt charitable trust not treated as a private foundation						
527 political organization						
Form 990-PF 501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation						
501(c)(3) taxable private foundation						

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Washington	Area	Bicyclist	Association
------------	------	-----------	-------------

23-7305477

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	District of Columbia Government, Office of the Deputy CFO <u>1100 4th Street, SW 8th Floor East</u> Washington, DC 20024	\$380,044.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Bikes Belong Foundation PO Box 2359 Boulder, CO 80306	\$64,458.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Maryland Highway Safety Office, State Highway Administration 7491 Connelley Drive Hanover, MD 21076	\$43,283.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 01-2		\$Schedule B (Form	Person Payroll Noncash Complete Part II if there is a noncash contribution.)

17

09270710 138138 WAB001.0

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 3
Name of organization	Employer identification number
Washington Area Bicyclist Association	23-7305477

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) (c) No. (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given (see instructions) Part I \$ (a) (c) No. (b) FMV (or estimate) from Description of noncash property given (see instructions) Part I

(d) **Date received** (d) **Date received** \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I \$

123453 01-23-12

Part II

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(d)

(d)

(d)

¹⁸ 2011.03010 Washington Area Bicyclist A WAB001_1

Vashing Part III	ton Area Bicyclist As Exclusively religious, charitable, etc., ind	SSOCLATION lividual contributions to section 501(c)	2 3 – 7 3 0 5 4 7 7 ;)(7), (8), or (10) organizations that total more than \$1,000 for					
i urt m	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	the following line entry. For organization etc., contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for ons completing Part III, enter r the year. (Enter this information once.) \$					
()) (Use duplicate copies of Part III if additio	nal space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	 it					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(h) Duwnoog of sift		(a) Decoviration of how sift is hold					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_			<u> </u>					
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
-								
123454 01-23-12	2		Schedule B (Form 990, 990-EZ, or 990-PF) (2					

SCHEDULE C	Politica	OMB No. 1545-0047						
(Form 990 or 990-EZ)		r Organizations Exempt From Income Tax Under section 501(c) and section 527						
Department of the Treasury Internal Revenue Service	Open to Public Inspection							
If the organization ans	vered "Yes" to Form 99	0, Part IV, line 3, or Forr	te instructions. n 990-EZ, Part V, line	46 (Political Campa	aign Activ	ities), then		
 Section 501(c)(3) org 	anizations: Complete Pa	rts I-A and B. Do not com	plete Part I-C.					
	· / · · //	organizations: Complete I	Parts I-A and C below.	Do not complete Par	t I-B.			
v	ations: Complete Part I-A							
		0, Part IV, line 4, or Forr Form 5768 (election und						
		T filed Form 5768 (election und	())	•				
		0, Part IV, line 5 (Proxy	•			•		
-	, or (6) organizations: Co							
Name of organization						identification number		
Dout I A Commu	Washington A	Area Bicyclis	t Associati	on		3-7305477		
Part I-A Comple	ete if the organizat	ion is exempt unde	er section 501(c) (or is a section 5	27 orga	nization.		
1 Provido a descriptio	on of the organization's d	irect and indirect politica	Learnaign activities in	Dart IV				
	-	nect and indirect politica			► \$			
					····			
		ion is exempt unde						
1 Enter the amount o	any excise tax incurred	by the organization unde	er section 4955		► \$ <u></u>			
		by organization manager						
		ax, did it file Form 4720 fo						
b If "Yes," describe in								
		ion is exempt unde	er section 501(c),	except section	501(c)(3).		
1 Enter the amount d	rectly expended by the f	iling organization for sect	tion 527 exempt functi	on activities	▶\$	<u>.</u>		
	• • •	funds contributed to othe	-					
					▶\$			
-		es 1 and 2. Enter here an			N .			
					►\$			
	zation file Form 1120-PC	Dentification number (EIN) of all coation 527 pol			Yes No		
		d, enter the amount paid		-				
		nd directly delivered to a						
political action com	mittee (PAC). If additiona	Il space is needed, provid	te information in Part I	V.				
(a) Name		(b) Address	(c) EIN	(d) Amount paid fr filing organizatior funds. If none, ente	n's cor er-0 l d	e) Amount of political htributions received and promptly and directly elivered to a separate political organization. If none, enter -0		
For Paperwork Reduct	on Act Notice, see the l	nstructions for Form 99	00 or 990-EZ.	Schedu	ule C (For	m 990 or 990-EZ) 2011		

nedule C (Form 990 or 990-EZ) 2011	Washington	Area	Bicyclist	Association	23-7305477	Page :
aut II A Cananalata if the au	anani-ation is ave		day agation EO1	(a)(2) and filed Farm	E700	

Schedule C (Form 990 or 990-EZ) 2011	Washi	ngton	Area Bicycl	ist Associa	tion 23-7	305477 Page 2		
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
			liated group (and list ir	n Part IV each affiliated	group member's nam	ne. address. EIN.		
expenses, and sha		-	• • •		9. oap	,,,		
			nd "limited control" pro	ovisions apply.				
Limi	ts on Lobl	oying Expe	•		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)					
b Total lobbying expenditures to infl	uence a leg	gislative bo	dy (direct lobbying)					
c Total lobbying expenditures (add l								
d Other exempt purpose expenditur								
e Total exempt purpose expenditure	es (add line	s 1c and 1c	(k					
f_Lobbying nontaxable amount. Ent								
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:				
Not over \$500,000		20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.					
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)						
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-						
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0						
j If there is an amount other than ze	ero on eithe	er line 1h or	line 1i, did the organiza	ation file Form 4720	г			
reporting section 4911 tax for this	,				L	Yes No		
	zations tha	it made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa				
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a Lobbying nontaxable amount								
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
						1		

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

23-730<u>5477 Page 3</u>

Schedule C (Form 990 or 990-EZ) 2011 Washington Area Bicyclist Association 23-730545 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i. Other activities? 		X			
i Other activities?		21		0.	
j Total. Add lines 1c through 1i2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
 b If "Yes," enter the amount of any tax incurred under section 4912 					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction		
501(c)(6).	()	()/			
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				[
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal				
expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of t					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I	art II-A; and	Part II-B, IIr	ie I. Also, d	complete	
this part for any additional information. Part II-B, Line 1(i), Other Lobbying Activities:					
Tare if b, bine i(i), other hobbying Activities.					
WABA staff and volunteers worked with citizens and lo	cal go	vernm	ent		
officials on bike-friendly legislation and on identif	ying r	resour	ces fo	or	
improvements in bike infrastructure.					

Schedule C (Form 990 or 990-EZ) 2011

132043 01-27-12

(Form	990)
-------	------

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Nam	e of the organization Washington Area Bicyci	list Association	Employer identification number
Pa			
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's exclusion		
6	Did the organization inform all grantees, donors, and donor advisors		
-	for charitable purposes and not for the benefit of the donor or dono		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization (ch		·
	Preservation of land for public use (e.g., recreation or educati		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after 8/		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released		
	year ▶		
4	Number of states where property subject to conservation easemen	t is located ►	
5	Does the organization have a written policy regarding the periodic r	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds	?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and en	nforcing conservation easements c	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforce	ing conservation easements during	g the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above satis	sfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation eas	sements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's f	inancial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, P	'art IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	i, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes th		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemen	t and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of pu	ublic service, provide the following amount
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
			• • •
2	If the organization received or held works of art, historical treasures	, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116 (AS		
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• *
HA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.	Schedule D (Form 990) 201

23

09270710 138138 WAB001.0

132051 01-23-12

Sche		ton Area B							0547	<u> </u>
Pa	t III Organizations Maintaining C	Collections of A	rt, His	storical 7	Freasures, c	or Othe	r Simila	r Asse	ts (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, che	ck any of th	ne following tha	t are a sig	gnificant us	se of its	collectio	n items
	(check all that apply):									
а	Public exhibition	c	ı [1	xchange progra					
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							e in Par	t XIV.	
5	During the year, did the organization solicit of								-	
	to be sold to raise funds rather than to be m								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if th	ne organiza [.]	tion answered '	'Yes" to F	Form 990, I	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
									Amoun	t
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
Ť	Ending balance									
	Did the organization include an amount on F		. 21?					····· ∟	Yes	└── No
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete		e woro	d "Voe" to I	Form 000 Part	IV line 10)			
1 41		(a) Current year	1	Prior year	(c) Two year			are hack		years back
10	Paginning of year balance	(a) Current year	(0)	Prior year		S DACK (ars back	(e) 1 0ui	years back
1a 5	Beginning of year balance									
0	Contributions									
с d	Grants or scholarships									
u	Other expenditures for facilities									
e										
f	and programs Administrative expenses									
'n	End of year balance									
2	Provide the estimated percentage of the cur		L Ce (line	1a column	(a)) held as:					
- a	Board designated or quasi-endowment	-	%	rg, column						
b	Permanent endowment	%								
	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse		ation th	hat are held	l and administe	red for th	e organiza	tion		
	by:	j					5]	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization									
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or c	other	(b) Co	st or other	(c) Aco	cumulated		(d) Boo	k value
		basis (investr		bas	is (other)		reciation			
1a	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment				46,577.		36,29	4.	1	0,283.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colu	ımn (B), line	e 10(c).)					0,283.
							<u> </u>	م اردام م ما م		0001 2011

Schedule D (Form 990) 2011

132052 01-23-12

24 2011.03010 Washington Area Bicyclist A WAB001_1

Schedule D (Form 990) 2011	Washington	Area	Bicyclist	Association	23-73
Part VII Investments - C	ther Securities. Securities.	ee Form 9	90. Part X. line 12.		

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation of valuation (c) Method of valuation of the second seco	
(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. Se	ee Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	ition: ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				()
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15.)			
Part X Other Liabilities. 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)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	e 25.)	statements that renorts the organ	nzation's ijability for uncertai	n iax positions under
2. FIN 48 (ASC 740). 132053 01-23-12	and organization 3 midliola			
01-23-12			Sch	edule D (Form 990) 2011

Sche	dule D (Form 990) 2011 Washington Area Bicyclist	Associa	ation	23-	7305477 Page 4
_	t XI Reconciliation of Change in Net Assets from Form 990				
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		945,019.
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,011,183.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-66,164.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3				-66,164.
Par	t XII Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per	Returr	
1	Total revenue, gains, and other support per audited financial statements			1	945,019.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	945,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
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	945,019.
Par	t XIII Reconciliation of Expenses per Audited Financial State	ments With	Expenses pe	r Retu	
1	Total expenses and losses per audited financial statements			1	1,011,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,011,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	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	1,011,183.
Par	t XIV Supplemental Information				

Complete this part to provide 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2011

132054 01-23-12

SCHEDULE M	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection Employer identification number 23-7305477

OMB No. 1545-0047

Open to Public

Name of the organization

Washington Area Bicyclist Association

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(Method of	d) determin	ing	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contri		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (Used bicycles)	Х	1,023	56,265.	Estimated	mrkt	va	lue
26	Other ► ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	ported in Part I, lines 1-28 tha	at it must hold for			
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exen	npt purposes for			
	the entire holding period?					. 30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any non-standard contrib	utions?	31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	icit, process, or sell noncash				
	contributions?					. 32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	for a type of prope	rty for which column (a) is ch	ecked,			

 describe in Part II.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

132141 01-23-12

parts & accessories from more than 100 faith communities, Boy Scouts,
Rotary and other service clubs, bike shops, solid waste departments of
local jurisdictions, etc. This is accomplished through events
sponsored by these entities, or in the course of their daily business
(e.g., in the case of retailers).
132142 01-23-12 Schedule M (Form 990) (201
28 270710 138138 WAB001.0 2011.03010 Washington Area Bicyclist A WAB001_1

Schedule M (Form 990) (201	1) Washington	Area 1	Bicyclist	Association	23-7305477	Page 2
the organizatior	al Information. Cor is reporting in Part I, co his part for any additiona	lumn (b), the	e number of contrik	nformation required by Par outions, the number of item	t I, lines 30b, 32b, and 33, and s received, or a combination o	l whether f both.

Schedule M, Line 32b: WABA receives the donated bicycles, bicycle

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047				
Name of the organization	Washington Area Bicyclist Association		identification number 305477				
<u>Form 990, Pa</u>	rt III, Line 4d, Other Program Services:						
Adult Educat	ion-Adult bicyclist education opportunities a	re ava	iable				
for a wide r	ange of skill sets from beginner to advanced	throug	hout the				
Washington r	egion.						
Expenses \$ 5	1,995. including grants of \$ 0. Revenue \$	14,67	3.				
Youth Educat	ion-Offered in-class lessons for schools or S	afe Ro	utes to				
School progr	ams and also bicycle clinics or "bike rodeos"	for s	pecial				
events.							
Expenses \$ 8	4,904. including grants of \$ 0. Revenue \$	14,67	2.				
Form 990, Pa	rt VI, Section B, line 11: Prior to submittin	g the	Form 990, a				
draft of the	Form 990 is sent to the full Board for review	w.					
Form 990, Pa	rt VI, Section B, Line 12c: The conflict of i	nteres	t policy is				
applicable f	or all WABA officers and members of the Board	of Di	rectors.				
New director	s are required to sign a conflict of interest	polic	y. It is				
reviewed ann	ually to offer officers and directors the opp	ortuni	ty for				
disclosure and remind existing directors of the policy and their							
responsibilities under it.							
If an active or proposed transaction or project of WABA involves a conflict							
of interest, whether real or apparent, by a member of the Board of							
Directors, t	he Board shall approve of such project or tra	nsacti	on only if				

the Board has full knowledge of the economic benefit to the individual

involved in the conflict of interest, that the affected individual has not LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) ¹³²²¹¹ ¹³²²¹¹

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Washington Area Bicyclist Association	Employer identification number $23 - 7305477$
participated in the vote approving the transaction of the	project and was
in fact absent both during the discussion of the transact	ion or project,
and at the time the Board voted. In certain cases, the Bo	ard shall request
that the affected individual resign or take a leave of ab	sence from the
Board of Directors.	

Form 990, Part VI, Section B, Line 15: The Executive Director's salary is set by the Executive Committee and approved by the full Board after review of comparable positions and salaries in the DC area and around the United States. This review took place in 2010.

Form 990, Part VI, Section C, Line 19: The documents listed in question 19 are available upon request.

Form 990, Part XII, Line 2c

The process has not changed from prior year.

132212 01-23-12